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A CLINICAL LECTURE.

STRAIN OF THE BACK; SYPHILITIC INFLAMMATION AFFECTING THE SACRUM.

PARALYSIS OF THE FACIAL AND AUDITORY NERVE, DUE TO SYPHILITIC EXUDATION AT THE BASE OF THE BRAIN.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient whom I propose to show you to-day represents a class of cases, the pathology of which is obscure, but concerning which I, myself, have arrived at some definite belief. The history of this man is that when thirteen years of age he fell down a hatchway in a barn, striking on the buttocks. After this he suffered with severe pain in the back and sacrum, which continued for a number of years. He was then cupped over the buttocks, and open sores maintained for some time by the use of issues and irritating ointments. This gave relief for thirteen years. Six years ago the pains returned, and he suffered severely with them ever since. They have lately been associated with a breaking down of the general vital power, and the man is almost bedridden.

The point in a case of this kind is to determine the nature of the sacral pain. It is probable that during the first period of his sickness this man had a local disease resulting from the injury. It is, however, possible that the affection from which he now suffers is of a different nature.

We often see cases of trouble in the back from injury. I have had under observation for some time a young gentleman, who, while riding a wild horse, was thrown, the horse rearing and falling over with the rider under him. It so happened that the man fell with the small of his back across the curb-stone. This resulted in a disability which has continued for years, and which, in the general failure of health from other causes, has become excessive. He was most carefully examined at the time of the injury, but there was not the slightest sign of displacement. There certainly was no fracture, and not much local tenderness. The objective symptoms were so slight that the physician in charge of the case thought that the complaints of pain were exaggerated. The question in such a case is, What is the cause of the long-continued disability? I believe that the lesion consists in a chronic inflammation of the fibrous structures of the back. In some of these cases there is tenderness on pressure, in others, pain cannot be elicited by pressure, no response being obtained even by firm, hard pressure, yet whenever the patient attempts to use his back he suffers from pain and from feebleness. As I have said, I believe that there is in these cases a chronic inflammation of the fibrous tissues about the vertebræ, involving the ligaments and possibly sometimes the periosteum, and often, also, the tendons attached to the muscles in this region. When the structures affected are located superficially and posteriorly,

there would be tenderness, but if the tissues involved were anterior and could not be readily reached, there would be no tenderness on pressure.

The treatment for this condition is prolonged counter-irritation. The actual cautery should be employed, and the counter-irritation continued for months. It seems to me that this is the only thing that does any good.

There is another point about these back strains, and that is, these cases must be carefully distinguished from rheumatism. Sometimes, indeed, they are regarded as wholly imaginary. On the other hand, a person with lumbago is sometimes thought to be suffering with this condition of back strain. Some months ago a stalwart man came into my office and told me that for two years he had been disabled by a strain of the back. I found some tenderness on pressure, excessive pain on motion, and all the ordinary symptoms of back strain. The only suspicious thing about the case was that the symptoms seemed too severe for back strain. Questioning him, he told me that the strain was produced by lifting. Further inquiry developed the fact that at the time the trouble came on he was lifting an article weighing not more than twenty pounds, while he was in the habit of lifting barrels of flour without inconvenience. I concluded from this that the condition was rheumatic, and under anti-rheumatic remedies he rapidly recovered.

In regard to the patient before us, the condition is probably not one of back strain. He has been examined by several surgeons, who diagnosed crural neuralgia. These terms neuralgia, neurasthenia, and general debility, are often only refuges for our ignorance. Before you pronounce a case to be one of neuralgia, be sure that you have so carefully examined the patient that you cannot have overlooked anything, for, after all, neuralgia is only a symptom. A pain, as in this case, referred to the sacrum and continuing for years, must necessarily be due to some local disease, taking for granted, of course, that there are no evidences of locomotor ataxia; and here I am reminded to say that in these cases of sacral and back pains, this affection must be carefully excluded. Some three years ago, a lady was brought to me suffering with a horrible pain in the rectum, fixed in its location, but developing paroxysmally. This had been supposed to be due to some uterine trouble. The perineum was sewed up, but this did no good. The cervix was operated on without improvement. Then she got into the hands of a rectal expert, and the sphincter was stretched without relieving the horrible pain. I examined the woman three or four times, but could find no trouble referable to the rectum. There was no ulcer, and the mucous membrane was perfect. There was little or no tenderness on pressure, and little or no pain on defecation, simply these horrible paroxysms occurring frequently. I examined the patella reflex and found it gone. I have no doubt that that woman was suffering from spinal degeneration, was, in other words, suffering from locomotor ataxia with rectal crises.

Bearing in mind that our present case has been diagnosed neuralgia, I will first determine as to the presence or absence of tenderness. There is distinct tenderness all over the sacral bone, but there is no tenderness on pressure over any of the nerve-trunks emerging at this point. If there was neuritis, there should be some evidence of tenderness. I next examine the rectum. It seems to be perfectly normal, but the tenderness which I noted as existing externally, is also found on pressing the sacrum through the rectum. The bone is tender all over, both anteriorly and posteriorly.

The tenderness of the bone, the history of general failure of power, the absence of tenderness over the nerve trunks, the absence of a history of gout, plumbism, malaria, or other toxæmia to account for neuralgia, would point to the conclusion that there was disease of the sacrum itself or its fibrous envelopments. This is confirmed by a letter received from the physician who previously had charge of the case, who it seems removed the coccyx which exhibited evidences of disease. The operator found all the fibrous structures much thickened. I have no doubt, therefore, that we have to deal with a local affection of the whole sacral bone, or at least of the fibrous structures covering it.

At first all syphilitic history was denied, but on proper questioning we elicited a history of promiscuous sexual intercourse, and sufficient evidence to suggest the trial of anti-syphilitic treatment. He is now taking 180 grains of iodide of potassium per day. This produces no iodism, and the tenderness is diminishing. It is probable that the affection will be relieved by this treatment.

Facial Palsy and Deafness due to a Gumma.

—As this man enters the room, it is at once seen that there is partial facial palsy of the left side. The mouth is drawn to the right, and he cannot completely close the left eye. I do not propose to occupy the time to-day with a discussion of the ordinary form of facial paralysis known as Bell's palsy. This is an affection in which the trunk of the nerve is paralyzed by pressure usually exerted on it as it passes through the mastoid process of the temporal bone. In a large majority of cases the disorder is rheumatic in its origin. It frequently results from exposure to dampness and to draughts. In this case there is undoubtedly affection of the trunk of the nerve.

The man also tells me that he has giddiness, but giddiness is not a part of a pure peripheral palsy. It is a symptom of a more central trouble. In this case the palsy was at first complete, but complete facial palsy is not of central origin, for the fibres of the facial nerve spread out in the brain, so that when one set is affected, the other escapes. Where the facial palsy is complete, it is almost of necessity peripheral, due to pressure or other lesion implicating the nerve trunk. In speaking to this man, I noticed that when I spoke in a low voice he did not hear what was said, and on investigation I found that his left ear was deaf. This, he says, has come on since the appearance of the palsy, and is not an old deafness. This is an important point. I have seen physicians led astray by finding a symptom, especially deafness, and at once conclude that it was connected with the trouble then existing, whereas it may have been an old trouble. When I press the watch against the side of the head, he says that he does not hear it. This indicates that the deafness is of nerve origin, and not due to disease of the ear itself. Looking at the eyes, I find that the pupils are unequal. The pupil of the left eye is distinctly smaller than that of the right eye. There is also marked conjunctivitis on the left side. This would suggest the possibility of paralysis of the trigeminal nerve. Conjunctivitis, and even deeper inflammations are often a pronounced symptom of trigeminal palsy, but careful testing shows that this is not present in this case. The conjunctival inflammation is probably due to the fact that the man has been unable to completely close the eye.

We have then these symptoms, auditory palsy, paralysis of the facial nerve, giddiness and dilatation of the pupil. The only conceivable cause for this group of symptoms would be pressure at the base of the brain. I have no doubt that in this case there is a mass of exudation situated at the base of the brain and pressing on the affected nerves. Where there is this widespread palsy, with no disturbance of the brain and no evidence of tubercular meningitis, the probabilities are always in favor of the syphilitic nature of the condition. This is my diagnosis in this case, and the treatment will be based on that supposition.

ORIGINAL COMMUNICATIONS.

SOME PRACTICAL OBSERVATIONS ON DISINFECTANTS.

BY W. M. WELCH, M.D.,
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THE old and familiar axiom, "an ounce of prevention is worth a pound of cure," never has greater significance than when one is brought face to face with the dangers of some virulent, infectious disease, like cholera. Perhaps at no previous period in the history of medical science has there been greater and more careful attention given to the subject of preventive medicine than at the present, and as the result of all this zealous investigation, I think it must be admitted that our knowledge as to the best means of preventing infectious diseases has been increased; that is to say, when such diseases do originate we are better able to reduce to a minimum the possibility of their further spread.

The means made use of for the prevention of this class of diseases are usually based upon some theory, plausible or otherwise, of their origin and mode of propagation. The germ theory is the one now most widely accepted, and seems to be the most tenable. This theory assumes that all contagious and infectious diseases depend for their existence on the presence of certain micro-organisms, variously named *bacteria*, micrococci, bacilli, etc., and that their life, propagation, and growth are favored by suitable soil and surroundings. These germs may exist in the air we breathe, in the water we drink, and in the milk or solid food we eat, and it is by these avenues—the lungs and stomach—that they are believed to enter the system. Any agent capable of destroying the

vitality or power of propagation of these minute and invisible organisms outside of the body is properly called a disinfectant. This term, irrespective of theory, has been very appropriately defined as "an agent capable of destroying the infective power of infectious material."

A clear and definite understanding of what really constitutes a disinfectant has only quite recently been arrived at. Not a little confusion has heretofore existed on this subject, even in the minds of the best sanitarians. Many, in times past, were constantly in the habit of using the terms disinfectant, deodorant, and antiseptic synonymously. We now know that their meaning is widely different, and furthermore that the recognition of this difference is necessary to anything like an intelligent and effective employment of these agents; each having its particular sphere of usefulness. The term disinfectant, as we have seen, now signifies a germicide. Agents which destroy bad odors simply, are deodorants or deodorizers; and those which prevent or arrest putrefaction or decomposition, without killing disease germs, properly belong to the class known as antiseptics. While the two latter classes of agents serve a very useful purpose, they are inferior to the former, because of their inability to destroy disease germs. Dr. Sternberg very truly says that "a disinfectant may be both a deodorant and antiseptic, but it is not for this reason a disinfectant, but because of its ability to neutralize the infecting power of infectious material."

While antiseptics may not kill disease germs, they are nevertheless capable of preventing their propagation by sterilizing the soil which they commonly select as their habitat. It is well known that decomposing organic matter affords the most favorable soil for the propagation of all the lower forms of vegetable and animal life, and while we cannot always prevent the accumulation of such refuse matter, we can by the free use of antiseptics put it in such a condition as that spores will not readily germinate in it. But disinfectants will do the same thing when applied to such matter, and, besides, will kill disease germs, if any be present. For this reason, during the prevalence of such diseases as typhoid fever and cholera, and perhaps some others, it is better to use for disinfecting privy-vaults, cesspools, etc., those antiseptics which are also disinfectants.

Recent researches have demonstrated that sulphate of iron, which has long been employed under the impression that it is a valuable disinfectant, does not destroy disease germs, or change the infecting power of material containing them. But it is, nevertheless, a useful antiseptic; and its cheapness makes it a very available agent for the purpose of preventing or arresting putrefaction, and thus neutralizing bad odors arising from sewage and all forms of refuse animal matter. The majority of the proprietary "disinfectants," so-called, are entirely untrustworthy as germicides, but many of them, doubtless, possess the qualities of deodorizers and antiseptics to a greater or less degree. While antiseptics are capable of preventing decomposition, and destroying noxious gases they should not be considered or employed as substitutes for cleanliness and fresh air. But they are of great service where it is impracticable to remove filth from the vicinity of dwellings, since, as has been pointed out, decomposing organic material forms the most favorable nidus for the propagation and development of disease germs.

When any organic material with which we have to deal is known to be infected, it is then clearly our duty to employ disinfectants; not antiseptics, simply and purely. The infectious character of the dejecta from persons suffering from cholera and typhoid fever is well established, and it is therefore of first importance that all such material should be thoroughly disinfected before it is committed to the privy-vault or sewer. For this purpose chloride of lime is one of the most desirable agents, on account of the rapidity of its action and its low cost. The Committee on Disinfectants of the American Public Health Association recommends for disinfecting the excreta of such patients that each discharge be thoroughly mixed with a solution of chloride of lime in the proportion of four ounces to the gallon of water, and that this mixture be allowed to stand for at least ten minutes before it is thrown away. It has been estimated by some sanitarians that one pound of good chloride of lime will, on the average, disinfect, for the time, about a thousand gallons of fluid sewage. But, according to the now accepted definition of a disinfectant, this estimate is, I think, considerably exaggerated.

A solution of corrosive sublimate and permanganate of potash, in the proportion of two

drachms of each salt to a gallon of soft water, and used in the same way as the former, is also a very efficient disinfectant. In using the mercuric bichloride it must be remembered that it has the property of coagulating albumen, so that when it is applied to the semi-solid discharges from typhoid fever and cholera patients it may cause to be formed around the masses a coating of insoluble albuminate, and thus protect the interior of these masses against the action of the disinfectant. To guard against this it is necessary to break up the masses and allow the mixture to stand for an hour before it is cast away. It is well also to keep in mind that this salt will injure lead pipes if passed through them in large quantities.

Either of the following formulas may be used in the same manner as the above: One part of Labarraque's solution to five parts of soft water; one pound of strong carbolic acid to a gallon of warm water; a saturated solution of chloride of zinc. The latter has the property also of coagulating albumen, and should be used with the same precautions as the mercuric-bichloride solution. I wish to emphasize the point that the evacuations of typhoid fever and cholera patients should be received at their very issue from the body into a vessel containing about a pint of either of the above solutions, and that this be allowed to stand for some time for thorough disinfection.

It may be desirable at times to use a disinfectant or antiseptic in the form of powder. To make such a preparation one or more suitable disinfecting agents may be combined with dry earth or plaster of Paris. For example: chloride of lime, one pound; strong carbolic acid, half pound; plaster of Paris or dry pulverized earth, nine pounds. Mix the carbolic acid thoroughly with the plaster of Paris or dry earth, then add the chloride of lime and mix well. Such a powder might be very useful to cover over excreta or decomposing organic material requiring disinfection; but I am inclined to believe that a disinfectant in the form of solution is much more effective.

The body of a sick person or of the attendant, particularly when soiled with infectious discharges, should be cleansed with some suitable disinfecting solution, such as Labarraque's solution, diluted with twenty parts of water. I have frequently derived very great satisfaction from this solution by its frequent use in the form of spray to the bodies of persons suffering from smallpox. Although a seven per cent. solution is said to be necessary to destroy the vitality of germs, still this weaker solution will lessen, to a very appreciable extent, the offensive odor arising from such patients. The bodies of persons who have died from infectious diseases should be washed with a much stronger solution—say one part of Labarraque's fluid to five of water. Or a suitable solution of some other disinfectant may be used, if preferred. And at burial, the body should be wrapped in a sheet saturated with the same solution.

For the disinfecting of clothing and bedding there is no better way than to put such articles as can be washed through the ordinary processes of the laundry, since boiling for half an hour will destroy all disease germs. But when such articles are very much defiled by infectious material it is well to subject them to the action of a disinfectant before washing. A solution composed of one part of chloride of lime to one hundred parts of water is very efficient. The strength of this solution is said to be sufficient to destroy not only germs, but spores, almost instantly, and without injury to the clothing or bedding.

The Committee of the American Public Health Association recommends for the same purpose a solution of corrosive sublimate, in the proportion of four ounces to the gallon of water, to which is added one drachm of permanganate of potash, merely to give color to the solution. Of this standard solution, one fluid ounce is to be added to each gallon of water, and in this weaker solution the infected articles are to be soaked for at least two hours before being laundried. For evident reasons a wooden tub is the proper receptacle for such a solution.

All solutions of the mercuric bichloride are open to the serious objection that they are dangerous. For general use, therefore, it is preferable to recommend that infected clothing, etc., be soaked in either the first solutions given, or in a five per cent. solution of carbolic acid. Infected articles subjected for an hour or two to the action of either of these fluids, and then thoroughly boiled and washed, may be regarded as perfectly safe.

Dry heat may be used to disinfect clothing, bedding, etc., which cannot be washed. But this cannot be very conveniently made use of without first constructing a suitable disinfecting

chamber. Such a chamber has been for the past several years in succesful operation at the Municipal Hospital of this city. It has capacity enough to receive one or more feather beds or hair mattresses in their entirety, and a great variety of bedding and clothing besides. The degree of heat necessary to accomplish the desired purpose is from 220° to 230° Fahr. If this degree of heat is exceeded cotton fabric is liable to be scorched. Woolen goods will bear still greater heat without injury. Moist heat, in the form of steam, has been demonstrated to be much more effective. While a temperature of dry heat maintained at 230° Fahr., for a period of three or four hours will destroy all known disease germs, it will not, according to Sternberg, destroy the spores of the bacilli of anthrax. But it has been proven that ten minutes' exposure to steam at a temperature of 230° Fahr., will destroy not only germs, but also the most refractory spores.

To Dr. W. Henry, of Manchester, England, belongs the credit of first conceiving the idea and demonstrating the fact that heat destroys the morbific matter of certain communicable diseases. In 1832 he published the result of his experiments, showing that vaccine matter becomes totally inert after an exposure for some hours to a temperature of 140° Fahr., and that clothing infected with scarlatina and typhus contagion was worn with no bad results after being subjected for some hours to a temperature of 200° to 206° Fahr. It is recorded that Pasteur never saw adult organisms in a moist state resist a temperature from 128° to 140° Fahr., nor germs (spores I take it) a temperature of 230° Fahr. These facts prove that a temperature from 220° to 230° Fahr., continued from two to four hours, is necessary, in order to make disinfection by dry heat certain.

Disinfectants, as the term is here used, are of but little service in the sick-room, for the reason that it is impracticable to destroy germs in an apartment without rendering the atmosphere irrespirable. It is, therefore, utterly impossible to disinfect an occupied apartment. Deodorants, however, are often useful to correct bad odors, and make the atmosphere more agreeable to the sick and the attendants. But the fact must not be lost sight of that cleanliness and free ventilation are of far greater importance in the sick-room, for they tend to prevent that which the former aims to neutralize. It has been well said that it is better to turn contaminated air out of the window, or up the chimney, than to attempt to purify it by the use of volatile chemical agents, such as carbolic acid, chlorine, etc., which are all more or less disagreeable to the sick.

A room having been occupied by a case of contagious or infectious disease should be disinfected before other persons susceptible to that disease are permitted to occupy it. Something may be done towards accomplishing this end by chlorine and sulphur fumes, provided there is no article in the room that these gases will injure. To secure any results of value by these agents, it is necessary that the doors, windows, and all apertures through which gas will escape be tightly closed, and that an abundance of these fumes be generated. It is estimated that not less than three pounds of sulphur should be burned for each one thousand cubic feet of air-space in the room. A little care is necessary to secure complete combustion of the sulphur. It should be in powder or small fragments, and placed in an iron pan, which should rest upon two bricks in a tub containing a little water, to guard against fire. To aid the burning of the sulphur a little alcohol should be poured over it before it is ignited. It is of importance to know that the germicide power of sulphurous acid and chlorine gas is increased by the presence of moisture. Chlorine gas may be generated by any of the well-known means, and should be in great abundance. While an apartment is being subjected to this treatment it should remain closed for twenty-four hours.

Whether the room has been fumigated or not, it is advisable to change the paper on the wall, or whitewash it, if such has been the practice, and apply thoroughly, with a brush, to all the wood-finish and the floor, a solution of corrosive sublimate, 1 to 1000. After further cleansing with soap and water, and being exposed for a few days to the free admission of air, the room may be considered safe for occupancy.

There is no doubt but that the atmosphere, in a certain sense, is a disinfectant. Infected apartments, or articles, such as clothing, bedding, etc., when freely exposed to pure air, will, in a variable length of time, part with the infectious principle. This is probably due to the oxidizing power of the atmosphere. Experience not only proves what I have stated, but also shows that the germs of such infectious

diseases as scarlet fever and smallpox are not transmitted in an active state to any great distance through the atmosphere. We may therefore conclude that in opposing the spread of infectious diseases, fresh air and free ventilation are scarcely second in importance to the best disinfectant known.

PATENT URACHUS IN A CHILD FIVE MONTHS OLD; OPERATION; RECOVERY.

REPORTED BY CHARLES B. WALLER, M.R.C.S., ENGLAND.
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FRED D., aged 5 months, was brought to the Rotherham Hospital on November 4, 1884. The child was an orphan, and was brought by his aunt, who stated that he had a tumor growing from his navel, which had been getting gradually larger since his birth. She complained that she had great difficulty in keeping the child clean, as what appeared to be water was constantly running from this tumor, and causing much irritation of the skin and inconvenience to the child.

On examination, he was found to be a well-formed, well-nourished child, but at the umbilicus there was a tumor of about an inch in diameter, which appeared to consist of flabby granulation tissue. It was red and inflamed, and very sensitive. From a slight depression at its summit, drops of urine were constantly oozing. The drops came faster when the child micturated. The skin around the tumor was excoriated. In other respects the child was normal. He was being brought up by hand, and took his milk well.

The aunt stated that after birth the cord did not separate very readily, and that when it did, it left a tumor about the size of a bean, from which water had always passed. It had not at first attracted much attention, but lately it had begun to increase in size and to be very painful. A doctor had seen the child, and had applied some mild caustic from time to time. This had stopped the growth of the tumor, but the urine still continued to run constantly. They were therefore anxious that an operation should be done.

On November 5th the child was removed to the operating theatre, and chloroform was administered. A No. 8 silver catheter was passed with great ease along the urachus into the bladder, where the end could be readily felt through the abdominal walls. An incision was made in the skin around the tumor. The urachus was now dissected out for about an inch. It consisted of a stout fibrous cord, about as thick as the little finger. In doing this the abdominal cavity was communicated with. The catheter was now withdrawn and the urachus firmly ligatured with stout silk, the ends were cut off short and it was allowed to fall into the abdominal cavity. The granulation tissue was now scraped away, and the edges of the skin pared and brought into apposition by means of quilled sutures; superficial silver wire sutures were also added. There was no hemorrhage to speak of. The wound was dressed with a pad of absorbent wool, kept in position by means of strapping, and a broad flannel bandage was applied around the abdomen.

After the operation, the child was very restless, and cried a good deal all day. At 8 P.M. it was seized with convulsions; these kept recurring, and at 10 P.M. it was ordered potass. bromidi, gr. iiss, in water, ℥j. At 1 A.M. the convulsions had ceased, but it seemed to be in great pain and very restless. It was ordered to take liq. morph. hydrochlor., ♏ij, in water, ℥j, every hour.

Next morning the child seemed better. It had vomited once during the night, but had taken a little milk since, which it had retained.

7th.—Child much better. Still takes morphia in small quantities. Takes a fair quantity of milk. Bowels acted naturally.

9th.—This morning the wound was dressed. The deep sutures were removed; very little discharge, which smells sweet. The child seems much better, and takes milk well. Morphia discontinued.

12th.—Wound again dressed, and silver wire sutures removed.

18th.—Wound was now quite healed, and all inflammation seems to have subsided. There has been no urine passed at all from the navel since the operation.

21st.—The child was this day discharged as cured. It has much improved since the operation. It passes its urine normally.

COMMENCE the new year by subscribing for THE MEDICAL BULLETIN.

AUTOPLASTIC SURGERY.

BY WILLIAM M. FINDLEY, M.D., OF ALTOONA, PA.

THE remedying of the defects sometimes left by failure of the bioplastic operations of intra-uterine life, is, while not a matter always of life, yet a grave concern, especially to the victim of nature's failure to secure perfection in the symmetry of the human form.

It must not be forgotten that operations of this kind are more frequently performed for æsthetic purposes, and yet that in many cases it is truly in order to save life that such operations have to be done. What more pleasing to the surgeon than to remove a staphylomatous eye, which is repulsive to look at, and replace it with the very perfect imitations now in the market, of the normal remaining eye. How it makes one glow to relieve the hideous deformity produced by the contracting cicatrices after severe burns of the eyelids, nose, and mouth, as they occur from time to time.

With what satisfaction one relieves the contractures, flexions, and distortions of club-foot, wry neck, strabismus, etc.

And what greater gratification when, as in this case, the operation is undertaken to save life, as, in many cases of hare-lip, suckling is impossible until the fissure or cleft is closed up.

The more immediate subject of this short paper is, however, to report for the consideration of the Academy what to the mind of the writer is a new and valuable modification in the operation of hare-lip, whereby a real point of union is maintained at the mucous or red border of a lip on which operation has been made, as well as the prevention of the loss of the very least portion of tissue, all of which is utilized in the make-up of the new lip.

The illustrative case is one on which the operation was done two weeks ago, the infant being on that date only ten days old. The fissure was almost complete into the left nostril, there being but just the narrowest line of the red or mucous tissue showing at the highest point of the fissure in the nostril. This tissue was carefully maintained intact, and after the left side of the lip had been detached from the corresponding superior maxilla, about one-half inch or more up along the side of the nose and backwards as well, it was cut loose with a sharp bistoury all along the margins of the fissure, in size sufficient to have its vitality maintained by the circulation through edges at the border of the normal lip after the freshened surfaces were brought together. The steps of the operation were, as in all ordinary cases, to bring the halves of the lip together, except that the frænum was not cut, and very fine sutures were used on the internal mucous surface of the lip, as well as between the pins which were used. This, of course, is not claimed to be more than all others are in the habit of using, but the treatment of the portion of tissue which had been pared off is that which is of most interest. The piece or strip being dragged down was carefully brought into juxtaposition on the cut surfaces and securely sutured with very fine sutures. The result attained here is, that union at the oral margin is complete immediately as no interference has taken place with the circulation in the strip, as there is in the pieces when the sides are pared down separately and then brought together; and this almost absolutely sure union is of the greatest advantage in the holding together of the remainder of the surfaces in apposition, so that in this case the pins were removed, one in forty and the other in sixty-five hours, with absolute and perfect union. The projecting portion of mucous surface, which was quite large, immediately after the completion of the operation, has shrunken so much now that being on the left of the normal central pout or point of the upper lip, hardly shows any fulness. But still another, and to my mind a more striking point, is the thickening it gives to the lip. Ordinarily, it has been the experience of the writer until the adoption of this method, that the line of union is so marked that the finger without sight can detect the thinness by being moved over it. In this case the shrinking back of this saved tissue fills up the mucous surface of the lip and appears to allow the apposed surfaces above it to thicken out and improve the cicatrix in the direction which is usually most wanting.

As our efforts should be always directed in the line of improving results, this note is made that whatever there may be in it will be available to others. If it has already been noted, it has not fallen to my lot to see such statement, and the fact of again calling attention to it will not be any injury, if no positive benefit results.

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HEALTH RESORTS IN NEW JERSEY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

[Continued from October number.]

THE country between Camden and Haddonfield, the ocean and Absecon, is comparatively level, hence the elevation attained at Atco and Pomona on either end of the road, presents much better facilities for drainage than is found along the Delaware or Atlantic shores, and the soil is drier in consequence. Intermittent fever is apt to trouble those susceptible to it for some distance away from the river, I therefore insist on my cases getting away from the lowlands along the western edge of the State. I have noticed the fact that phthisical patients break down rapidly should intermittent or remittent fever complicate their case, and, because of this, stress is laid upon this point. I may say, in passing, that I much prefer to combat any symptoms of chill and fever associated with phthisis by arsenic than by cinchona alkaloids, and I add to the metal an acid, should the digestion be impaired or the liver torpid. A good combination is—

℞. Liq. arsenici hydrochlor. gtt. lxxij.
Acid nitromuriat. dil. . gtt. cxx.
Spts. chloroformi . . gtt. ccxl.
Syr. aurant. cort. q. s. ad. f℥iij.

M. Sig.—A teaspoonful in a wineglass of water three or four times daily.

This mixture is an admirable one for improving the nutrition in addition to breaking up the tendency to chill. If there is looseness of the bowels, then a few drops of deodorized tincture of opium may be added to each dose *at the time of taking*—not mixed with the prescription. Not unfrequently severe night-sweats will be modified or even removed under the remedy here given.

To return from this digression: Waterford is one of the most available points along the line of road. The village itself is clean, settled with an intelligent people, whose houses are well-built, and no difficulty is experienced in receiving accommodation either in the built-up portion, or at a convenient distance from the station. Those of my patients who have spent any time at this locality have been well pleased with their stay. Churches of several denominations are there, and schools present advantages to those invalids having children needing attention in that line. No special character of climate is found here, but the size of the place and its accessibility to Philadelphia are worth noting.

The neighborhoods of Elwood, Dacosta, Pomona, Winslow, Atco, and Berlin offer good resorts, and are quiet, from their comparatively small size. I have not stopped any time at these points, but some cases in which I wanted more or less frequent change of residence, have alternated between these places, and Pomona offers the advantage of closeness to the shore if occasional trips are allowable to purely salt breezes.

Probably the preferable points for consumptives and dyspeptics are Hammonton and Egg Harbor. The former place is growing rapidly into a town, and its environs are being laid out in lots at reasonable prices. I have had patients lately who purchased sites there, intending to build simply for summer occupation. Hammonton is favored with a good, dry soil, pure water, and equable temperature. Here we are in the centre of the graperies, and the thrifty Germans owning much of the land thereabout are proverbial for their good-nature and good living alike. One who bases his opinion of good land and good crops on the evidently rich alluvial soil of valleys bordering on river courses, and who imagines that the apparently poor, sandy crust of this vineyard location is sterile, will be pleasantly disappointed in seeing the fine crops raised thereon. The show at the annual fair, as we have before remarked, is notably ahead of many more pretentious ones in real worth, and some of the fruit and cereals are actually marvellous for intrinsic excellence. Pine woods abound, and the benefit secured in several chest cases was due largely to the balsamic air of the locality.

I specially value the grape-cure, so-called, in stubborn dyspepsia, and here it can be thoroughly tested. No finer grapes grow in America than those found in abundance all around Egg Harbor City. I have, in a paper on "The Treatment of Post-Nasal Catarrh,"* referred to this point, and medical friends who have tried the diet cure have expressed their appreciation of its value. Egg Harbor is the point *par excellence* for such cases, and a victim to the pronounced degree of this loathsome dis-

* Proceedings Philadelphia County Medical Society, vol. ii.

ease should try the plan if able to bear the slight expense of two or three months' stay. Since writing the paper alluded to, I have, in the treatment of catarrh, used Lippia Mexicana, as prepared by Parke, Davis & Co., extensively as a local application, and the proper means of reaching the affected parts is by spraying. The "Perfected Atomizer" of Mr. William Snowden, of this city, is by all odds the best instrument at our command for the purpose. Adjustable tubes for upward (pharyngeal) and forward (nasal) spraying are needed, and these Mr. Snowden has contrived in a compact and suitable form. The nasal application can be made readily by the patient, and any one can in a few minutes learn to spray the vault of the pharynx as well as needful.

Lippia, with a few drops of Jamaica dogwood (*Piscidia Erythrina*), acts nicely as a sedative in laryngeal phthisis, and a downward spraying tube is obtainable for this purpose from Mr. Snowden (7 South Eleventh Street).

Several cases of dysmenorrhœa under my charge have been benefited by residence in the summer and autumn near Egg Harbor. Girls suffering from congestion of the genital tract frequently eat too much meat, and a grape and milk diet relieves the condition notably. Whilst on the question of milk and grape diet, I may state, that although *grapes* as food are valuable in varied morbid conditions, it does not necessarily follow that *wine* from the same fruit is allowable, nor is *Kumyss* a substitute for *fresh milk* or *cream*. I have before now had trouble with patients on this score, and I take the opportunity of cautioning any who may try the effect of residence at the points referred to, not to indulge unless by permission of their physician. No purer nor better wine, I believe, exists than the Egg Harbor product, particularly the "Black Rose," but it is not to be consumed unrestrainedly by visitors.

The class of summer tourists who spend time and money at well-known fashionable resorts, can with profit swerve from the beaten paths of style, and learn the fact that recuperation is obtainable all along the line spoken of at little expense, and a quiet summer is just what many ultra-fashionable families really need. The worry of great hotels, the never-ending excitement of balls, and the senseless abuse of the table at the caravansaries of mammon never prepare people during the exhausting heat of summer for the turmoil of city life in winter. Let families once try the actual rest of a quiet seclusion in the pineries, and they will save worriment, money, and health thereby. In drawing attention to the claims of New Jersey as a health resort, I have strung together somewhat carelessly a few hints as to residence at desirable points, and interlarded a note here and there on medical treatment in the disorders under consideration. My patients have expressed their satisfaction after trying the virtue of more or less prolonged residence in the locations named, and I believe that other physicians would secure the same results if they tried. A good many people, who are not exactly sick, need rest, they want to get away from the bustle of city life; they need the balsamic air of the woods, the salt breeze of the ocean. Let such try for themselves a few weeks somewhere along the line noted, and they will, I am sure, not be sorry for the trip, nor disappointed in the result of the experiment. Pretentious summering is one thing—a genuine vacation is another. The one is exciting and mixed with undoubted pleasure—the other is restful and conducive to renewed health and strength.

Just as I finish this page—intended to close the article—I have received from Dr. John W. Snowden, of Hammonton, N. J., his annual address before the Medical Society of New Jersey, at Atlantic City, in 1883, and the first annual report of "The Bureau of Statistics of Labor and Industries of New Jersey" for 1878. He also sends me a copy of Dr. Stevenson's article on the "Pines," for consumptives, published in the Philadelphia Medical Times, of August 29, 1874. This paper corroborates my views entirely, it is extensive and interesting, and I am sorry not to have known of its existence before writing this article, for Dr. Snowden's ability is a household word in New Jersey, and his opinions on climatic effects in pulmonary affections, forming the main substance of the paper, are thoroughly endorsed by those who know him. The maps he kindly sends me are valuable in outlining the "non-malarial area," which includes the exact district outlined by myself. I shall in another number advert to a few disorders not yet spoken of, which are susceptible of treatment climatically.

[To be continued.]

WE feel grateful to our patrons for the support given THE BULLETIN during the past year, and kindly ask a *renewal* for the future.

THERAPEUTIC NOTES.

SCARLET FEVER.

Professor N. S. Davis says that frequent sponging of the whole body with cold water will do more to allay the extreme excitability, lessen the temperature, and favor natural molecular changes during the first four or five days of the eruption than can be done by all other remedies.

For further correcting the general derangements of secretory and molecular action in the severe anginose cases, three or four alterative doses of calomel and the subsequent use of the aqueous solution of iodine, in doses suited to the age of the patient, are the most efficient measures that can be adopted.

Professor Davis deems it important to avoid all active evacuants, as emetics and cathartics, during the first two days, as their action may divert the specific cause or contagion of the disease from its natural tendency to the cutaneous surface and favor its retention in the blood. Such movements of the bowels as may be necessary can be obtained by warm-water enemas.

The severity of the local inflammation in the fauces and cervical glands can be materially lessened by the external application of an ice-bag to the neck and the internal administration of the following combination :—

℞. Potassii chloratis . . ʒiiss.
Acidi hydrochlorici . . ʒj.
Tinct. belladonnæ . . ʒiiss.
Aqua . . . . . ℥viij.

M. Sig.—From a half teaspoonful to a dessertspoonful, according to the age of the patient, every three hours.

As soon as the first stage is over and the fever and rash begin to decline, the following formula should be substituted for the preceding one :—

℞. Quinia sulphatis . . . gr. xij.
Acidi hydrochlorici . . ♏vj.
Tinct. ferri chlor. . . ʒss.
Syrupi glycyrrhiza . . ℥iij.

M. Sig.—Two teaspoonfuls every four hours.

In cases where the pulse is unusually weak and quick, the following mixture should be given between the doses of the iron and quinine solution :—

℞. Tinct. digitalis . . . ʒj.
Ammonii carb. . . . ʒss.
Liq. ammonii acetatis . . ℥ij.

M. Sig.—One teaspoonful every four hours.

In the more malignant cases of scarlatina anginosa in which appearances of gangrene are presented in the fauces or tonsils about the third or fourth day, Professor Davis usually orders an infusion to be made of ʒj of cayenne pepper and ℥iv of boiling milk, and directs one teaspoonful of it to be taken every one or two hours until the sloughs have separated. He then discontinues the pepper and orders some mild astringent gargle to be used in combination with the internal administration of quinine and iron.

DIPHTHERIA.

℞. Acidi carbolici . . . gr. j.
Chloral hydrat . . . ʒss.
Tinct. belladonnæ . . ʒss.
Spts. frumenti . . . ℥ss.
Syr. auranti . . . ʒiij.

M. Sig.—One teaspoonful every three hours.

SCIATICA.

Dr. James E. Wilson (New England Medical Monthly) recommends—

℞. Chloral hydrat . . . ʒiij.
Bromide of soda . . . ʒiij.
Morphia sulph. . . . grs. vj.
Quinia sulph. . . . grs. liv.
Pulv. camphor . . . ʒss.
Elixir taraxicum comp. . ℥vj.
Tinct. aconite . . . gtt. xxiv.

M. Sig.—A dessertspoonful every three hours until relieved.

HÆMOPHILIA.

Professor Roberts Bartholow recommends—

℞. Acidi gallici . . . ʒss.
Acidi sulphurici dilut. . ♏xl.
Tinct. opii deod. . . ♏xx.
Infus. digitalis . . . ℥ij.

M. Sig.—Two teaspoonfuls every three hours.

MEASLES.

Dr. D. Maclean (Canada Medical Record) recommends—

℞. Vini ipecac. . . . . ʒss.
Syr. scillæ . . . . ℥ss.
Quinia sulph. . . . gr. ij.
Liq. ammonii acetatis . . ℥ij.

M. Sig.—One teaspoonful every three hours.

ACUTE PLEURISY.

Professor Da Costa often orders—

℞. Tinct. aconiti rad. . . ♏xxx.
Potassii acetatis . . ℥ss.
Morphia sulphatis . . gr. ss.
Liq. potassii citratis . . ℥ij.
Syrupi tolu . . . . ʒj.

M. Sig.—Two teaspoonfuls every three hours.

EMPHYSEMA.

Professor Bartholow frequently uses—

℞. Potassii iodidi . . . ʒij.
Liq. potassii arsenitis . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—One teaspoonful three times a day.

LARYNGITIS.

℞. Syr. ipecac. . . . . ʒij.
Morphiæ sulphatis . . gr. ss.
Syr. tolu. . . . . ʒiss.
Mist. glycyrrhiza comp. . ʒiss.
M. Sig.—Two teaspoonfuls every three hours.

CHRONIC PLEURISY.

Professor Da Costa has obtained excellent results from—

℞. Potassii iodidi . . . ʒij.
Tinct. digitalis . . . ʒij.
Tinct. opii camph. . . ʒiss.
Aqua . . . . . ʒss.
M. Sig.—One teaspoonful four times a day.

HEMORRHOIDS.

℞. Acidi carbolici . . . gr. xxx.
Acidi tannici . . . gr. xx.
Pulv. aluminis . . . ʒj.
Cosmoline . . . . ʒij.
M. Ft. Unguentum.
Sig.—Apply three or four times daily.

CHILBLAINS.

℞. Tinct. iodi . . . . ♏x.
Acidi salicylici . . . gr. x.
Tinct. benzoini comp. . ʒj.
M. Sig.—Use externally.

NEURALGIA.

℞. Tinct. aconiti . . . ♏viij.
Tinct. gelsemii . . . ♏xij.
Ext. cimicifugæ fld. . . ʒiss.
Spts. etheris comp. . . ʒss.
M. Sig.—One teaspoonful every hour.

ASTHMA.

Professor Bartholow frequently prescribes—

℞. Ext. belladonnæ fld. . . gr. j.
Ext. lobeliæ fld. . . . ʒij.
Ext. grindeliæ fld. . . ʒiv.
Potassii iodidi . . . ʒij.
Glycerini . . . . . ʒj.
Aqua . . . . . ʒv.
M. Sig.—A tablespoonful every two hours until the attack is broken up.

CHRONIC BRONCHITIS.

℞. Tinct. nucis vomicæ . . ʒiss.
Tinct. capsici . . . ♏xx.
Vini picis . . . . . ʒiv.
M. Sig.—A dessertspoonful four times daily.

PSORIASIS.

℞. Tinct. pulsatillæ . . . ♏xvj.
Vini colchici rad. . . ʒiv.
Magnesii sulphatis . . ʒiij.
Aqua menth. pip. . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

LEAD-COLIC.

Professor Bartholow recommends—

℞. Aluminis . . . . ʒiij.
Acidi sulphurici dilut. . ʒiss.
Syrupi limonis . . . ʒiss.
Aqua . . . . . ʒivss.
M. Sig.—One tablespoonful every hour or two.

GASTRALGIA.

℞. Tinct. hyoscyami . . ʒj.
Spts. chloroformi . . ♏xx.
Ext. erythroxoloni fld. . ʒij.
M. Sig.—One teaspoonful four times daily.

PHTHISIS.

The following combination is antipyretic and antiseptic, as well as sedative to the mucous membranes of the stomach and lungs, and will be found of service in combating the exacerbations of phthisis:—

℞. Acidi carbolici . . . gr. iij.
Quiniæ sulphatis . . ʒj.
Acidi hydrochlori dilut. . ʒj.
Syr. pruni virginianæ . . ʒiss.
Spts. frumenti . . . ʒiss.
M. Sig.—A dessertspoonful every four hours.

ASTHMA.

℞. Ammonii iodidi . . . ʒj.
Ammonii bromidi . . ʒiss.
Infusi digitalis . . . ʒiiiss.
M. Sig.—Two teaspoonfuls every three hours.

CARDIAC WEAKNESS.

℞. Tinct. digitalis . . . ʒij.
Tinct. ignatiæ . . . ʒij.
Tinct. cinchonæ comp. . ʒj.
Ext. erythroxoloni fld. . ʒiss.
M. Sig.—One teaspoonful before meals.

WHOOPING-COUGH.

℞. Chlorali hydrat . . . gr. xl.
Ammonii bromidi . . ʒj.
Ext. lupulinæ fld. . . ʒiss.
Syrupi . . . . . ʒiiss.
M. Sig.—Two teaspoonfuls every four hours.

VARICELLA.

℞. Tinct. gelsemii . . . ♏xij.
Liq. ammonii acetatis . ʒj.
Liq. potassii citratis . . ʒj.
M. Sig.—One teaspoonful three times a day.

MYALGIA.

℞. Potassii iodidi . . . ʒj.
Ext. cimicifugæ fld. . . ʒvj.
Ext. phytolaccæ fld. . . ʒvj.
Syr. sarsaparillæ comp. . ʒiss.
M. Sig.—Two teaspoonfuls every four hours.

SPERMATORRHŒA.

℞. Ergotine . . . . gr. x.
Pulv. camphoræ . . gr. xv.
Quiniæ sulphatis . . gr. x.
M. Ft. pilulæ No. x.
Sig.—One pill after meals.

MELANCHOLIA.

℞. Strychniæ sulphatis . . gr. ss.
Acidi phosphoriæ dilut. . ʒij.
Tinct. cannabis ind. . . ʒiiss.
Ext. erythroxoloni fld. . ʒiv.
M. Sig.—Two teaspoonfuls before meals.

HYSTERIA.

The following is a favorite prescription of Professor N. S. Davis:—

℞. Ammonii bromidi . . ʒv.
Ext. valerianæ fld. . . ʒij.
Ext. scutellariæ fld. . . ʒiss.
Ext. hyoscyami fld. . . ʒss.
M. Sig.—One teaspoonful in water three times a day.

FLATULENT DYSPEPSIA.

℞. Acidi carbolici . . . gr. iv.
Tinct. capsici . . . ♏x.
Aqua menth. pip. . . ʒij.
M. Sig.—One teaspoonful after meals.

HABITUAL CONSTIPATION.

Dr. William Murrell (British Medical Journal) says: "I have recently being using the Friedrichshall water in a variety of cases, in hospital practice, and I find it to possess the same valuable therapeutical qualities which explain and enhance its long-established reputation as a favorite aperient in habitual constipation, and in the wide range of cases in which it is desirable to employ a laxative of mild character, and fitted for continued use. Friedrichshall has a special constitution which secures to it marked preference over the ordinary sulphate of magnesia waters, and over the ordinary in general use. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties in influencing tissue change and promoting excretion of acid. Thus it is attended with excellent results in cases of congestion of the liver and kidneys, as a corrective of the digestion, and as what may be familiarly described as a tonic aperient. Friedrichshall realizes in practice the valuable curative powers ascribed to it by the eminent German physician with whom it has long been a standard prescription. I hope, shortly, to publish, in a more detailed form, the results of clinical experience, which indicates the special advantages of Friedrichshall to which I refer."

CATARRHAL PHTHISIS.

Dr. P. C. Jensen (Journal of American Medical Association) reports a case of catarrhal phthisis in which rapid and permanent improvement was obtained by the following formulæ:—

℞. Tinct. nucis vomicæ . . gtt. x.
Tinct. digitalis . . . gtt. vj.
Maltine . . . . ʒiij.
Syrupi hypophosph. comp. . ʒj.
M. Sig.—Take at one dose before meals.

℞. Quiniæ sulphatis . . gr. ij.
Pulv. iodoformi . . . gr. ij.
Ferri sub-carbonatis . . gr. ij.
Ext. belladonnæ alc. . . gr. $\frac{1}{6}$.
Podophyllin . . . gr. $\frac{1}{20}$.
M. et ft. capsule No. 1.
Sig.—One capsule after each meal.

The cough was checked by—

℞. Morphiæ sulphatis . . gr. j.
Ant. et pot. tartratis . . gr. ij.
Ammonii carbonatis . . ʒss.
Acidi hydrocyanici dil. . gtt. xxv.
Spts. chloroformi . . ʒiss.
Syr. bals. tolutani q. s. . ʒiv.
M. Sig.—Take one-half teaspoonful every three hours.

PUERPERAL PERITONITIS.

Dr. A. F. Eklund (Therapeutic Gazette) says the most effective treatment of puerperal peritonitis consists in the use of small doses of morphia combined with stimulating doses of camphor and a sufficient amount of quinine to counteract the deleterious effect of the pathogenetic microbes in the blood. He frequently prescribes—

℞. Morphiæ acetatis . . . gr. iss.
Acidi tartarici . . . gr. xv.
Pulv. camphoræ . . gr. xxx.
Quiniæ sulphatis . . ʒj.
Sacchara . . . . ʒj.
Ol menthæ pip. . . . ♏x.
M. Ft. charta No. x.
Sig.—One powder every four to twelve hours, according to the emergency of the case.

CHRONIC MALARIA.

Dr. D. Colain (Medical and Surgical Reporter) states that the following formula has no superior in chronic malaria:—

℞. Strychniæ sulphatis . . gr. ij.
Ferri sulphatis . . . gr. l.
Acidi arseniosi . . . gr. iss.
Ext. quassiæ . . . gr. c.

M. Ft. pilulæ No. l. .
Sig.—One pill half an hour after each meal.

NERVOUS DYSPEPSIA.

Dr. M. L. James considers the following combination to be the most efficient that can be employed in cases of dyspepsia of neurasthenic origin:—

℞. Quininæ phosphat. . . gr. xvj.
Strychninæ phosphat. . gr. $\frac{1}{6}$.
Acidi phosphorici (50 p. ct.) ♏xx.
Caffein. citrat. . . . gr. xvj.
Aqua puræ . . . . ℥vij.
Glycerini . . . . ℥ss.
Spts. vini. rectif. . . ℥ss.
Tinct. cardamomi comp. . ℥j.

M. Sig.—One or two teaspoonfuls immediately before or after meals; to be repeated, when necessary, every hour or two until the nervous depression is relieved.

VOMITING OF PREGNANCY.

℞. Cocainæ hydrochloratis . gr. ij.
Aqua . . . . . ℥iiss.

M. Sig.—One teaspoonful half an hour before meals.

RHEUMATISM.

℞. Tinct. veratri viridi . . ℥ss.
Ol gaultheria . . . ℥j.
Syr. acaciæ . . . ℥ss.
Aqua . . . . . ℥iss.

M. Sig.—One teaspoonful every three hours.

ACNE.

℞. Potassii chloratis . . ℥j.
Potassii acetatis . . . ℥ij.
Aqua . . . . . ℥vj.

M. Sig.—Tablespoonful one hour after meals.

RENAL DROPSY.

℞. Potassii bitart. . . . ℥ss.
Tinct. digitalis . . . ℥j.
Infus. buchu . . . ℥iv.
Decoc. scoparii . . . ℥iv.

M. Sig.—Two tablespoonfuls four times daily.

CHOREA.

℞. Potassii bromidi . . . ℥iiss.
Mistura Basham . . . ℥iv.

M. Sig.—One teaspoonful after meals.

HEPATIC COLIC.

℞. Spts. chloroformi . . ♏xx.
Morphia sulphatis . . gr. ss.
Atropia sulphatis . . gr. $\frac{1}{20}$.
Spts. etheris comp. . ℥j.

M. Sig.—One teaspoonful every hour or two until relieved.

TYPHOID FEVER.

Dr. Real (Raccoglitore Medico) treats typhoid fever on the disinfectant plan by giving bismuth in huge doses. He begins by giving an enema containing two and a half drachms of subnitrate of bismuth, and then administers the same remedy internally in doses of five to six drachms per diem. This quantity is divided into twenty-four portions, one of which is given suspended in mucilage every hour. If constipation occur, three or four drachms of sulphate of soda are given either by the mouth or rectum. The patient is made to drink two or three quarts of milk a day, and some Vichy or other effervescing alkaline water, and may also take two pints of beer or one or two ounces of brandy. Of sixty-two patients treated by this method but two died.—*Analectic.*

TORPOR OF THE LIVER.

℞. Mass. hydrarg. . . . gr. xij.
Quiniæ sulphatis . . gr. vj.
Pulv. capsici . . . gr. iij.
Ext. belladonnæ . . gr. j.

M. Ft. pilulæ No. vi.
Sig.—One pill at bed-time.

LARYNGISMUS STRIDULUS.

℞. Chloral hydrat . . . gr. xvj.
Sodii bromidi . . . gr. xl.
Tinct. opii deod. . . ♏xx.
Aq. menth. pip. . . . ℥j.

M. Sig.—One teaspoonful every hour for a child five years' old.

ROUND WORMS.

℞. Hydrarg chlor. mite . . gr. iss.
Resinæ jalapæ . . . gr. ix.
Santonin . . . . gr. vj.

M. Ft. charta No. iii.
Sig.—Take one powder every night at bed-time.

OPHTHALMIA NEONATORUM.—Professor Eugene Smith (Michigan Medical Age) recommends the application twice a day of a five-grain solution of nitrate of silver to the everted lids, after the discharge has been wiped off, with a piece of soft linen or muslin.

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FRIEDRICHSHALL WATER.

FRIEDRICHSHALL WATER has long been regarded by the most eminent European physicians as the most valuable of all natural medicinal waters, and an indispensable agent in the treatment of many obstinate affections. Loschner, Helft, and Mosler consider it to be the most potent of all anti-scrofulous remedies. Sir Henry Thompson and Johannes Weber have found it to be unequalled in the treatment of gout and the uric acid diathesis, and as a preventative, and a solvent of urinary calculi. Professor Frerichs and Thierfelder have found it of especial value in jaundice, biliary colic, congestion of the liver, and in facilitating the resolution and discharge of biliary concretions. Nauman, Mosler, and Bamberger have derived excellent results from its use in cases of cardiac irritability, cardiac hypertrophy, and some cases of valvular disease. It is much esteemed on the Continent as a remedy for gastric catarrh, abdominal plethora, and the albuminaria and congestions of pregnancy. It is valuable in bronchitis, apart from its diuretic and aperient effects, as it lessens the viscidity of the bronchial mucus and facilitates expectoration. It has also been found serviceable in the various uterine congestions and inflammations.

Friedrichshall water is potent for good in all nervous disorders dependent upon derangements of the blood-supply, but it is especially efficacious in hypochondriasis and melancholia, which are so frequently associated with hepatic and intestinal torpor. Its value in these cases is probably due to the fact that it relieves the intestinal tract from noxious gases and other products of decomposition which would otherwise remain and become absorbed into the blood, and produce more or less deleterious effects upon the nerve-centres. It has also been used with success in the treatment of sciatica and chronic rheumatism. In habitual constipation it is the remedy *par excellence*. A remarkable fact about its use, is, that unlike other aperient waters, its laxative effect is increased, and not lessened, when taken regularly. As Sir Henry Thompson observed long ago, "One of the characteristics of this water is that the longer it is taken the smaller is the quantity necessary to effect the purpose. It leaves the patient less constipated after discontinuing it than he was before, and may be taken habitually without lowering the system. As an occasional aperient and corrector of digestion I know of nothing at all equal to Friedrichshall."

Its efficacy as an alterative, aperient, and diuretic is due in great part to the large quantity of the chlorides of sodium, magnesium, and potassium which it contains, in addition to its cathartic component, the sulphate of sodium. Von Voit, Ringer, Hayes, and other distinguished observers, have demonstrated the importance of the chloride of sodium in particular, and the alkaline chlorides in general, in promoting the oxidation of albumen, increasing the formation and elimination of urea, and in accelerating tissue metamorphosis. The ordinary saline waters, which owe their value mainly to a certain amount of sulphate of magnesia, or sulphate of soda, produce a copious outpouring of serum from the intestinal walls, and render the fecal discharges very free and watery. This action is beneficial in all acute inflammations, but in chronic affections it interferes with the processes of digestion and assimilation, and frequently produces the most injurious results.

Professor Frerichs frequently warned his class against the injudicious use of the drastic mineral waters. In a lecture delivered in 1877, he said, "If it is merely desired to render more fluid and evacuate the intestinal contents, all the bitter waters are more or less useful, according to the amount of magnesium and sodium sulphates which they contain. But they should only be administered occasionally, for by their continuous use the processes of digestion and blood-formation are essentially

injured, and in weak, anæmic individuals the health may be considerably affected. The effect is very different, however, when, besides these salts, large quantities of sodium chloride are present, as in Friedrichshall water, for then we have the favorable influence of the chloride upon the processes of digestion and diffusion, and upon tissue-change generally."

PNEUMATIC DIFFERENTIATION.

PNEUMATIC DIFFERENTIATION is the title of a method introduced for the treatment of phthisis by Dr. Herbert F. Williams, of Brooklyn, N. Y. The differentiator is an air-tight cabinet, in which the patient sits, stands, or reclines, breathing ordinary atmospheric air, which is conducted from the outside through a flexible tube. By means of an ingenious arrangement the physician can condense or rarefy the air in the cabinet to any required degree. When it is rarefied, the external pressure on the patient's chest is lessened, but, as the pressure of the atmosphere remains the same, more air rushes in through the breathing-tube, and the lungs are consequently dilated from ten to fifty per cent. more than in ordinary breathing. The air in the cabinet may then be condensed, and the pressure on the patient's chest increased, or he may be permitted to expel the air from his lungs by his own unaided efforts.

It is claimed that by this method the blood is more perfectly oxygenated than would otherwise be possible, and that by it various antiseptic medicaments can be carried to every portion of the pulmonary tissue; that it produces permanent benefit in various non-tubercular affections of the lungs and bronchial tubes, and that even pulmonary tuberculosis can be ameliorated or lessened by its employment.

Dr. Vincent Y. Bowditch, of Boston, and Dr. Alfred S. Houghton, of Chicago, have repeated Dr. Williams's observations, and consider his invention of the differentiation to be a marked advance in pulmonary therapeutics. A company has been formed to manufacture the differentiators, or cabinets, and the announcement is made that none but reputable physicians will be allowed to use them, and that, to prevent them from getting into the hands of quacks or charlatans, they will not be sold, but will be rented for the modest sum of two hundred and fifty dollars a year.

This will preclude the average practitioner from employing the differentiator, and practically places him among the charlatans to whom the company announces that it will not entrust the machines. But let the honest, hardworking physician whose income is less than five thousand dollars a year not despair. Hope and consolation may still be found in the fact that every patient has within him both the promise and the potency of pneumatic differentiation. Brilliant results can be obtained in the treatment of chronic bronchitis, chronic pneumonia, chronic pleurisy, and pulmonary phthisis by insisting upon the patient fully expanding his lungs, by taking several deep inspirations thirty or forty times daily, or oftener, if possible. It may be fatiguing at first, but it will finally become a positive pleasure, and wonderful improvement will frequently result. We can recollect several well-marked cases of incipient phthisis in which every trace of the disease was removed in six months by the administration of tonics and cod-liver oil, and the faithful and persistent manner in which the instructions relative to frequent deep inspirations were obeyed.

THE INTERNATIONAL MEDICAL CONGRESS.

THE success of the Ninth International Medical Congress is now assured. The Chairman of the Executive Committee has received letters of congratulation and promises of support and coöperation from the most distinguished physicians of America and Europe. The Committee is also actively supported by the following influential medical journals of the United States: The Journal of the American Medical Association, Chicago Medical Journal and Examiner, Cincinnati Medical News, Daniel's Texas Medical Journal, Texas Courier-Record, North-Western Lancet, Iowa State Medical Reporter, Louisville Medical Herald, Mississippi Valley Medical Monthly, Nashville Journal of Medicine and Surgery, Detroit Lancet, Leonard's Illustrated Medical Journal,

Southern Practitioner, Southern Medical Record, Atlanta Medical and Surgical Journal, Florida Medical Journal, St. Joseph Medical Herald, Kansas City Medical Index, Gaillard's Medical Journal, The Sanitarian, New England Medical Monthly, The Medical and Surgical Reporter, Philadelphia Medical Times, The College and Clinical Record, The Polyclinic, and THE MEDICAL BULLETIN.

The opposition, which was at one time well organized, confident, and arrogant, has gradually crumbled away until it is now practically limited to the New York Medical Journal, New York Medical Record, Philadelphia Medical News, and three or four nondescript journals. The indications are that one, and probably two, of these will soon follow the example of The American Practitioner and the New Orleans Medical and Surgical Journal, in recognizing the futility of their present course, and gracefully submitting to the inevitable.

The following extracts, from the most influential medical journals of the United States, accurately represent the present sentiments of an overwhelming majority of the American medical profession. We commend them to the careful consideration of Dr. Frank Foster, Dr. George F. Shrady, Dr. I. Minis Hays, and the handful of specialists who fondly believe that all the honor and fame of modern medicine is centered in themselves.

"THE NINTH INTERNATIONAL MEDICAL CONGRESS.

"Notwithstanding the 'spleenful mutiny' on the part of the Medical News, the New York Medical Journal, and the New York Medical Record, the prospects of a successful International Medical Congress, at Washington, in 1887, continue to be encouraging. The professional eminence, energy, and perseverance of the medical gentlemen, to whom the preliminary arrangements of the Congress have been intrusted, render a favorable issue of this vexed question highly probable. The *animus* of the conduct of the New York medical journals in the controversy is obvious. Commercial interests have unfortunately substituted just regard for professional honor. We hesitate to ascribe to personal pique the anomalous conduct of the Medical News. Yet the scrupulous regard to probity which has characterized the first century's existence of the publishing house —of which the News is the organ—forbids any other conclusion."—*Chicago Medical Journal and Examiner.*

"Let it be once for all understood that the invitation for the International Medical Congress to meet in this country in 1887, the invitation that was extended and that was accepted at Copenhagen, issued from the American Medical Association, and that the present organization of the Congress is in perfect accord with this body. The Association has not rebelled against the handful of 'kickers;' they, on the contrary, are in open rebellion against the body that is the *most* representative body of the profession in this country.

"It is not only idle, it is absolutely childish for journals that know better to keep up this talk about the failure of the Congress. Some of the very best men in this country are actively in sympathy with the Association and the Congress, and they are men of such eminence and such force of character that the Congress is sure not only to be, but to be a great success. . .

"It is true that some very prominent men have withdrawn their allegiance from the Congress as it now stands constituted, but in nearly all instances their withdrawal has been the result of peculiar pressure brought to bear by the originally disappointed 'handful.' . . . . .

"We have ample evidence that many of these rebels now regret the course they have pursued, and sigh for the days that have been numbered; we know that the large publishing houses that control the few journals that have championed these rebels regret exceedingly the course that their editors have pursued; we know, *as the representative journal of the profession of this country, that the profession, as a body, are in hearty accord with the American Medical Association*, and we can assure our transatlantic readers that the Congress will be held in Washington in 1887."—*Medical and Surgical Reporter.*

"MODESTY!

"The Medical News and the Record are still laboring to make the professional world believe that there are no leading men in the profession of the United States except the twenty-eight in Philadelphia, the dozen in Baltimore, and the half dozen in New York who refused to accept positions in the International Medical Congress, 'as then proposed to be organized,' before the actual organization had been effected, and they are still publishing pretended declinations from the same 'proposed' organization. The News, however, seems to be rapidly losing its interest in the whole subject. . . Perhaps the fact

that the unpatriotic conduct of that journal and its twenty-eight coadjutors has been openly condemned by one hundred and fifty of the leading members of the profession in its own city, and three or four hundred more in the State, is having something to do with its waning interest. . . . .

"The Record, with its still more remarkable modesty, openly declares 'that there is no exaggeration in saying that there are not half a dozen representative men in the profession now who are prominently connected with the organization of the Congress.' As Austin Flint, Sr., is President; W. O. Baldwin, H. I. Bowditch, William Brodie, Henry F. Campbell, W. W. Dawson, R. Palmer Howard, E. M. Moore, T. G. Richardson, Lewis A. Sayre, and J. M. Toner, are among the Vice-Presidents; and Henry H. Smith, William H. Pancoast, A. R. Robinson, William T. Briggs, Joseph Jones, and John P. Gray, are among the Presidents of Sections, the question will naturally arise in the mind of the reader whether there are any '*representative*' men in the profession of the United States in the estimation of the Record except its editor, George F. Shrady, A.M., M.D. . . . .

"The truth is, that the Rules as finally adopted and the Organization for which they provide are free from every objection that had been urged against the previous work of the committee, and further opposition can have no other basis than mere personal prejudice or the unpatriotic desire to drive out of the country whatever the opponents cannot personally control. But they may rest assured that further opposition on either basis will be unavailing. The Ninth International Medical Congress will be held in the City of Washington in 1887, and will be equal, in all its legitimate interests, to any of the Congresses that have preceded it." —*Journal of the American Medical Association.*

"We have been placed on record in companionship with journals hostile to the American Medical Association.

"We here distinctly disclaim any feeling whatever of hostility to the welfare of this time-honored organization. . . . .

"We stand as loyal friends of the Association to-day as we have ever been, and we emphatically disavow any sympathy whatsoever with those who would destroy the existence, or even impair the usefulness of an organization around which cluster the memories of thirty-six years, the story of which runs all through the history of American medicine. . . . .

"The dissenting one hundred and seventy should bear in mind that not alone on the Committee of Arrangements, but on their own shoulders as well, the burden of responsibility will rest, should the American meeting of the Congress fail. They all cannot be officers of the Congress." . . . .—*New Orleans Medical and Surgical Journal.*

"THE AMERICAN MEDICAL ASSOCIATION AND THE INTERNATIONAL MEDICAL CONGRESS.

"SIR: I received, on September 6th, a circular entitled, 'Why the action of the American Medical Association should be endorsed.'

". . . I think the profession in America—by which I mean the vast majority of the legally qualified, regular medical practitioners—thoroughly understand the situation. The contest here is between them, and a small minority of well-known medical luminaries, many of whom are specialists; and the specialist is very apt at times to be somewhat weak-kneed in the ethical light of his consultations. . . . .

"The American Medical Association adopted a code of ethics that cannot possibly be objectionable to any right-minded, regular practitioner. It promotes organization amongst the profession by conferring membership only on those who belong to the local or State societies. . . . It is the only national source to which individual members of the profession can look for counsel or support. . . .

"Finally, I would again repeat, that while ignorant of the *modus operandi* through which the International Congress should be organized, and, therefore, hesitating to express an opinion, yet my sympathies are altogether with the American Medical Association, and I trust that the comments of those in distant lands may be rendered less severe in the light of a few plain facts. "Faithfully yours,

"JAMES H. PARKINSON, L.R.C.S.,
"Sacramento, California,"
—*in British Medical Journal.*

"*Editor Lancet and Clinic:*

". . . I have no wish to introduce the war topic to your peaceful pages by taking sides in the controversy, but only to make this remark, that if the object of the Congress be to promote the healing art it is difficult to understand what the struggle is about. . . . .

"According to my observation, in a country like ours, that has no statutory law to regulate the practice of medicine, the rebels to a substitute code of ethics are those who wish the word liberty to stand as a synonym for 'do as you please,' a definition which exactly suits all those whose pockets are far more hungry for money than their heads are for principles.

"J. R. BLACK,"
—*in Cincinnati Lancet and Clinic.*

"The committee appointed by the Council Bluffs Medical Society to report resolutions indicative of the sentiments of the society regarding the American Medical Association and the International Medical Congress, reported as follows:—

"WHEREAS, The next International Medical Congress will convene in Washington, a Congress invited to this country by the authority and in the name of the medical profession in America, as represented by the American Medical Association, and,

"WHEREAS, Certain Eastern publications are using their utmost endeavors to foment discord, and prevent a successful meeting, therefore,

"*Resolved*, That we uphold and fully endorse the Association in its action, and earnestly desire a harmonious and successful meeting;

"*Resolved*, That we regard the action of the New York Medical Record, Philadelphia Medical News, and other periodicals which imitate them, as detrimental to the best interests of the profession, wholly unworthy of our approval or support, and unbecoming gentlemen of high professional character;

"*Resolved*, That a copy of these resolutions be sent to the editor of the Journal of the American Medical Association for publication."—*Iowa State Medical Reporter.*

"THE CARBON COUNTY MEDICAL SOCIETY.

"WEATHERLY, PA., October 16, 1885.

"*Editor of* THE MEDICAL BULLETIN:

"DEAR SIR: At the meeting of the Carbon County Medical Society held at Mauch Chunk, Pa., October 15th, the action of the American Medical Association was heartily and unanimously endorsed by the Society, and the secretary ordered to report the same.

"Yours truly,

"J. B. TWEEDLE, *Secretary.*"

". . . The Congress is now organized, the officers are appointed, and that they are men of international reputation cannot be gainsaid. The Committee of Arrangements has virtually ceased to exist. The American Medical Association has now nothing further to do with it, and the organization will have to stand upon its own bottom. . . . Now, let all the bickering cease; let *all* rise above personal feeling and petty prejudices, and work for the success of the Congress and the credit of the profession of America. . . . The Congress is organized; *it will be held;* and the sooner all the opposing elements unite, the greater the success that will crown the efforts of the committee, which have been arduous and unremitting."—*New Eng. Medical Monthly.*

"PENNSYLVANIA ENDORSES THE ACTION OF THE AMERICAN MEDICAL ASSOCIATION.

"Some time since twenty-seven members of the medical profession of Philadelphia met, and, without adducing any reason therefor, solemnly repudiated all steps taken by the American Medical Association to make good its invitation to the International Medical Congress to hold its next regular meeting in America as the guests of the American profession.

"In some sort as an answer to this we have a circular before us signed by Drs. William H. Pancoast, William B. Atkinson, P. D. Keyser, Addinell Hewson, and Henry Leffmann. In this circular endorsing the action of the American Medical Association we find the names of fourteen ex-presidents of the Medical Society of the State of Pennsylvania, and twenty presidents and ex-presidents of various county medical societies in Pennsylvania. In all there are one hundred and forty-seven names of the Philadelphia County profession. Fifty-six counties of Pennsylvania are represented on this list. It is stated that the list is incomplete, and hence does not adequately represent the entire profession of Pennsylvania. But enough is here to indicate that all the profession of that State has not repudiated the American Medical Association. We are convinced that the more this whole affair of the International Medical Congress is looked into the more it will appear that the American Medical Association has tried to do the best it could for the general good. In so far as we have been able to see, the kickers have absolutely no tenable ground upon which to base their action. As this fact comes to the comprehension of the profession they will be left to stand more and more alone. . . . .

"Gaillard's Medical Journal says that the declination of the gentlemen in Washington, Philadelphia, Baltimore, Boston, etc., to serve in the organization of the International Medical Congress is simply indefensible. Instead of doing their best to make the meeting a profitable and pleasant one they are doing their very best to make the occasion one of disgrace to the entire medical profession. This is a fair statement of the case. Were all looking for the general good more than their individual preferences, prejudices, and interests, there would be no difficulties in the matter."—*Detroit Lancet.*

"THE INTERNATIONAL MEDICAL CONGRESS.

"It seems to us that no impartial reader of the discussion of this subject can fail to see that the real bone of contention, since the American Medical Association asserted its rights and determined to maintain its self respect, is, and has been, from the outset of the work of the

first committee, personal ostentation against professional unity. This is said with all due respect to the *personnel* of the original committee as a whole, but with a distinct recognition of the general truth that as a committee they had very little to do with filling the programme which has been the cause of the dissatisfaction. With this it is very well known very few members of the committee had very little to do; but having acquiesced in the action which was taken in their name, they have, as a matter of course, felt bound by it, though altogether inconsistent with the modesty which characterizes the general run of its members individually. As the purpose of the Association was to have an International Medical Congress and nothing else, it is reasonable to believe that those members of the profession who have allowed themselves to be misled by the motive which we have endeavored to characterize, will, on reflection, appreciate and accept the action of a Committee of Arrangements for the honor of the profession, and not particularly of themselves, as the original intent of the Association.

"Moreover, as it is perfectly consistent with the well-merited professional distinction of many of those who have published their unwillingness under the present auspices, to accept any office for the promotion of the success of the Congress, it is to be presumed they will concede the possibility of finding a sufficient number of others sufficiently distinguished to make the Congress a success, notwithstanding. We are gratified to add since writing the above that the organization of the Congress as proposed by the Committee of Arrangements at its meeting in New York, September 3d, is well calculated to, and should secure the cordial coöperation of the whole profession."—*The Sanitarian.*

"The list of appointments and nominations, with Dr. Austin Flint at the head, is one which, we think, will meet with the endorsement of the profession generally. It is seen that when the time for final action came, the members of the committee, rising to the responsibility resting upon them, acted with marked discretion, good judgment, and an evident desire to discharge faithfully and impartially the duty for which they were appointed. . . . It is hoped, the way being now open for harmonious coöperation, that all may unite in striving to secure the success of the Congress, the prospects for which are brighter at present than they have been since the invitation to meet in 1887 in Washington was accepted."—*Phila. Medical Times.*

"International Medical Congress.

". . . One statement, recently made in a journal that opposes the present constitution of the Congress, is interesting. It is stated that the officers of the last Congress, in accepting the invitation to come to America, made it on condition that the Code question should not be considered in organizing the meeting. This fact gives considerable color to the charge made at New Orleans, that the New-Code men had threatened to prevent the acceptance of the invitation if they were excluded. Such an action on their part is intrinsically probable; indeed, they owe it to themselves to take such a stand. The quarrel between the two parties has become quite bitter, particularly in some of the editorials; a recent pamphlet has even descended to personal abuse. It is not known whether this method is New or Old Code, but perhaps it is in accordance with the agreement that questions of ethics should not enter into the constitution of the meeting."—*The Polyclinic.*

". . . We cannot help thinking that many of those who have so hastily declined participating in the work of organizing the Congress have overestimated their own importance. They do not comprise all the wisdom of the profession in this country."—*The Medical Chronicle.*

"Whatever opinion one may hold as to the merits or demerits of the committee which has in charge the preparations for the International Medical Congress, one can hardly fail to condemn the action of those medical journals and physicians who, because their own preferences were not realized, now are endeavoring to prevent the meeting of the Congress altogether.

"Because some dozen or so medical men have announced that they will take no part in it, these journals pretend to say that no fair representation of the profession of the United States will attend. If the dozen or so referred to really think so, it is the most astounding case of self-conceit on record. It might be well for them to learn that they are not the sole persons of distinction among the eighty thousand practitioners of the United States.

"As we before hinted, much of the trouble has arisen from the desire on the part of some members first appointed to allow irregular practitioners to take part in the proceedings. The ethical license which some New York specialists insist on in order to increase their consulting practice, is sought to be covertly popularized under the ægis of the International Congress. If the medical profession of this country respects its honorable traditions, or seeks to preserve its reputable position, it will give the cold shoulder both to the petty clique

who pretend to embody all its abilities, and to the selfish band who would prostitute it to their own self-interest."—*The Medical and Surgical Reporter.*

"It must be confessed that the committee at its last meeting in New York did some really good and satisfactory work. . . .

"The Congress will go on—provided it can find enough officers to fill its several posts—and we wish it well. The time for its assembling will soon be here. When it comes, it will then be easy to see who were its wisest, most discreet, and most disinterested friends. Until then, unless its affairs take some new and important turn, we bid it Hail! and Good-bye!"—*The American Practitioner.*

". . . The medical profession in this country has no royal orders or princely chiefs, and preferment is alike open to all. The number of eminently qualified physicians is not, by any means, limited to those who have declined the places tendered to them, and there are many others in our ranks who can do honor to the American Medical Association by representing her in the International Congress. This will demonstrate to the medical world the advancement that has been made in our country by medical men generally, and not rest our claims to consideration upon the fame of any one hundred representative men; and it will surprise the admirers of greatness to learn how completely their places can be filled by others who will prove themselves competent for the work."—*The Southern Medical Record.*

"That the American Medical Association had the legal and moral right to revise and change the organization effected by the original seven members of the committee, who transcended their authority, is no longer questioned, save by those who desire the Congress to be a failure, and are willing to prostitute their calling by lending their best efforts to the attainment of that end. The same persons also claim that the American Medical Association does not represent American medicine. This is the merest nonsense, and the men who are raising this howl are actuated by selfish motives. If the American Medical Association is not composed of the representative medical men of this country, we are at a loss to know where they could be found outside of that body. . . . .

"We would call the attention of our professional brethren across the Atlantic to the fact that we have about sixty millions of people on this side, and among them thousands of better men in the medical profession than those who seek to interfere with the proper organization of the International Medical Congress, which is to meet in Washington in 1887. The doctors from abroad may rest assured that they will meet with a hearty welcome at the Congress, and that their associates in that august body will consist of the most accomplished gentlemen in the United States, and that they will in no way be disappointed in their expectations."—*The Louisville Medical Herald.*

"The Ninth International Medical Congress will be held in Washington, D.C., United States of America, in August, 1887.

"The Committee of Arrangements have done their duty admirably, and in the face of many trying difficulties, and the most annoying efforts to obstruct its work. Indifferent alike to criticism and cavil, these gentlemen have fearlessly discharged the responsible task of organizing the Congress and of arranging for the scientific working of the several sections, by the selection of men eminent in connection with the several branches of medical study. They, having finished their labors, pass off the stage now and all further details will be attended to by the Executive Committee. The committee, however, will not be finally dismissed until after its report is made to the American Medical Association at St. Louis next April. They deserve the thanks of the Association, and of all true physicians and lovers of medical science." . . . .—*Daniel's Texas Medical Journal.*

"It would have been surprising if the small committee of eight had been allowed to proceed with their nominations without enlarging their number or consulting the American Medical Association, which first called them into life. . . . America is a large place; surely all the medical talent or administrative ability is not confined to New York, Washington, Boston, Baltimore, or Philadelphia. . . . .

"The thought rises to our mind in reference to some resignations which have been announced, that these resignations have been brought about without true consideration for the interest of the Congress. . . . If the very eminent men who have resigned felt that they were far superior to the lesser lights put on by the new committee, they would have shown their nobility of character and real greatness better by continuing in office and by honoring those lesser lights in allowing their names to figure on the same list. Still more, the great lights should have set an example of conciliation, and endeavored to bring about an amicable settlement. It is too late now to abuse the American Medical Association. We must remember that it was by the invitation of this

Association the Congress was to meet in America. It sent delegates to Europe, and those delegates as long as the Association supported them had not a word to say against it. The American Medical Association put them in power, and the same Association took away their power.

"The Medical Congress must meet in America, and the honor of the profession in America is now at stake. . . ."—*The Provincial Medical Journal of Leicester, England.*

Camden County Medical Society Endorses the Congress.

At the semi-annual meeting of the Camden County Medical Society, held November 10, 1885, the following resolutions were unanimously adopted:—

Resolved, That this Society approves the action of the American Medical Association in enlarging the Committee of Arrangements for the Ninth International Medical Congress, in 1887.

Resolved, That the rules regulating the membership and business of the Congress adopted by the Committee of Arrangements at the meeting in New York, September 3d and 4th, and the transference of the future management of the Congress to an Executive Committee, composed of the President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of Sections, be considered by this Society sufficient to silence criticism and enlist the sympathies and support of the profession throughout the United States.

Resolved, That the secretary be instructed to forward copies of these resolutions to the County Medical Societies of New Jersey.

E. B. Woolston, *President.*
H. Genet Taylor, *Secretary.*
Camden, N. J., November 10, 1885.

INTERNATIONAL MEDICAL CONGRESS—SPECIAL ANNOUNCEMENT.

To the Medical Profession of all Countries:

THE Executive Committee of the Ninth International Medical Congress, to be held in the city of Washington, D. C., commencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed the arrangements for this meeting; and they anticipate the hearty coöperation of the profession everywhere in developing this great scientific and humanitarian assembly.

By order of the Executive Committee,

Henry H. Smith, M.D., Philadelphia,
Chairman of Committee.

Nathan S. Davis, M.D., LL.D., Chicago,
Secretary-General of Ninth International Medical Congress.

MEDICAL NEWS AND MISCELLANY.

The Medical Press, of Western New York, is a new medical journal, published monthly, at Buffalo, N. Y. It is edited by Dr. Roswell Park, assisted by a corps of able collaborators.

Dr. Hal C. Wyman (Journal of American Medical Association) reports a case of fracture of the eighth rib in a man seventy-two years old, which was caused by violent sneezing.

Dr. Fordyce Barker, Dr. T. Gaillard Thomas, and Dr. Thomas Addis Emmet, of New York, and Dr. William Goodell, of Philadelphia, have been elected honorary Fellows of the British Gynæcological Society.

Dr. Samuel Ayres has been elected Professor of Anatomy and Orthopædic Surgery, and Dr. Samuel G. Dabney has been appointed Lecturer on Physiology, in the Louisville Hospital College of Medicine.

Clinical Lectures on Diseases of Children.—Dr. William B. Atkinson will continue his hospital classes for the benefit of advanced students and graduates. For information, apply to the Doctor, at 1400 Pine Street.

Dr. J. Collins Warren, of Boston, Mass., delivered an interesting lecture before the Philadelphia Pathological Society, on October 22d, on "A Comparison between the Changes in Arteries after Ligation, and in the Ductus Arteriosus after Birth."

Santonine in Amenorrhœa.—Dr. Walter Whitehead (Manchester Lancet) reports several cases of amenorrhœa which were cured by one or two ten-grain doses of santonin after permanganate of potash and other remedies had been tried in vain.

Dr. C. A. Gibson has been elected to the Chair of Chemistry, Dr. C. A. Kelsey has been elected Professor of General Pathology and Pathological Anatomy, Dr. B. W. Rogers has been appointed Assistant Demonstrator of Anatomy, and Dr. F. B. Earle has been appointed Curator of the Museum, in the College of Physicians and Surgeons, Chicago.

Dr. W. C. Wile, editor of the New England Medical Monthly, has removed from Sandy Hook to Newtown, Conn., to which place all communications, exchanges, books for review, and all matters pertaining to the editorial department of the Monthly should be addressed in future.

The Florida Medical and Surgical Journal is a handsome fifty-two page medical journal, which is published monthly at Jacksonville, Fla. It is ably edited by Drs. T. O. Summers, Charles H. Mallett, and Neal Mitchell, and is evidently destined to assume a leading place in American medical journalism.

The Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School and Hospital, is a new and valuable medical journal, edited by the Executive Committee, Drs. Seneca D. Powell, T. E. Satterthwaite, Charles H. Brown, W. Oliver Moore, and Samuel Lloyd.

The American Academy of Medicine has elected the following officers for the ensuing year: President, Dr. R. Stanbury Sutton, Pittsburgh, Pa.; Vice-Presidents, Dr. Lewis P. Bush, Delaware, Dr. S. J. Jones, Illinois, Dr. R. L. Sibbett, Pennsylvania, and Dr. F. H. Gerish, Maine; Secretary and Treasurer, Dr. R. J. Dunglison, Philadelphia; Assistant Secretary, Dr. Charles McIntire, Easton, Pa.

The many friends and admirers of Dr. Joseph H. Warren, of Boston, Mass., will be glad to know that he has completely regained his health and has resumed practice again. Dr. Warren is well known as a brilliant writer and a typical American surgeon. The success of the ingenious methods devised by him for the radical cure of hernia is remarkable, and would be alone sufficient to win for him the lasting gratitude of suffering humanity.

Cupping in Hernia.—Dr. Middleton (Weekly Medical Review) was called to a case of strangulated inguinal hernia. He gave the patient an opiate and tried to perform taxis, but failed; and then sent for chloroform. In the mean time the patient suffered such intense pain in the region of the umbilicus that the Doctor tried to mitigate his sufferings by placing two large dry cups in that locality. After allowing them to remain there for a few moments, the hernia spontaneously disappeared.

The Treatment of Carbuncles.—Dr. Jas. Collins, of this city, has treated several cases of carbuncles by anæsthetizing the patients and making a linear incision in the carbuncles and scraping out all the necrosed tissue. The cavity is then syringed out with a 1 to 1000 solution of bichloride of mercury, and its sides approximated by one or two stitches. A drainage-tube is then inserted, and the bichloride injections repeated daily for a week. The patients have all made a prompt recovery, and the resulting cicatrices have been much smaller than those that usually follow the ordinary methods of treatment.

Dover's Powder and its Modifications.—Dr. B. W. Richardson (Asclepiad) says it is often good practice to modify Dover's powder by combining the opium and ipecac with other salines than sulphate of potassium. True Dover's powder contains the nitrate as well as the sulphate of potassium—four grains of each in ten grains of the compound—and it is often valuable to revert to this form, as nitrate of potassium, in small doses, is a good diuretic. Dr. Richardson frequently makes other changes in the formula: in rheumatic fever he substitutes sodium salicylate for the potassium salt; in gout, bicarbonate of sodium; in remittent fever, two grains of quinine with five of sodium salicylate; and in quinsy and other throat affections, chlorate of potassium.

The Treatment of Varicose Ulcers.—Dr. C. W. Stratton (Albany Medical Annals), in a paper read before the Medical Society of Northern New York, thus describes the method of treating varicose ulcers, which has been uniformly successful in his practice:—

"I first have the sore thoroughly cleansed by freely applying Castile soapsuds. Ater drying the surface, I dust on dry calomel, and cover with sufficient absorbent cotton to rather more than fill the cavity of the ulcer above the level of the surrounding tissue. I then apply adhesive straps, allowing them to extend far enough on all sides to secure a firm attachment, and then fasten the ends so as to draw the edges of the ulcer together, and at the same time make pressure thereon. Then apply a roller bandage, beginning at the toes and covering the limb closely and smoothly to the knee.

"If the bandage is properly applied, it will maintain its position three or four days, at the end of which time I renew the dressing in the same manner.

"At this dressing and at subsequent ones, in case there are large and prominent granulations which bleed easily, I apply lightly and quickly the smooth surface of a stick of cupric sulphate. The copper sometimes produces at first very severe pain; after a second or third application, however, the pain occasions little inconvenience. In some cases a dose of morphine may be given to allay the pain. This plan, if persisted in, will cure even the most obstinate cases. Poultices are of doubtful utility, and sometimes positively harmful."

ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from October number.)

IN the year 1865, Mr. William Adams, of London, declared in one of his lectures that "all the different systems of treatment serve only to impress one with the conviction that lateral curvature of the spine has at the present time no fixed pathology." A review of many prominent authors who have written of lateral curvature during the twenty years that have elapsed since that date, serves fully to impress one with the conviction that lateral curvature of the spine has even yet no finally *accepted* pathology. This failure to arrive at any fully accepted conclusion, is doubtless partly owing to the circumstance that whilst all authors agree in naming several distinct conditions as causes of lateral curvature, they still adhere, both in the matter of treating it and in the manner of treating of it, to methods that would be appropriate if these curvatures were the disease, instead of being what they really are, but manifestations of several distinct pathological conditions. John Shaw writes pages of elaborate argument to show that the structural changes in the bones of the spinal column are the points of most importance; and that this condition originates from the weight of the body coming to be in various ways, such as "awkward attitudes" and "lounging habits," abnormally thrown upon the oblique articulating processes, which hence gradually become so altered in form that the mal-position remains ultimately fixed and permanent. William Adams elaborately divides lateral curvature into classes, which, however, fail to properly distinguish the cases almost as badly as the "one-idea" notions of the disease, which he so justly condemns. His "essentially constitutional," his "constitutional and local in about equal degrees," and his "essentially local causes acting mechanically," etc., it seems to me do not properly distinguish either the causes of the curvature, or the cases as we see them.

Thus while quite discarding what he calls he muscular theory, he classes his cases arising from "induced or temporary muscular debility" with those arising from "strumous diathesis," "rickets," etc., and mixes them all together in his list of "predisposing causes;" as "proximate causes" he gives numerous specified conditions to be summed up with "the resulting curvature of the spine being produced by long-continued irregular distribution of weight."

Barwell* vigorously advocates the muscular theory, attributing primary dorsal curvatures for the most part to muscular causes, and primary lumbar curvatures for the most part to mechanical causes such as pelvic obliquity, unequal length of the legs, etc.; his argument seeking to find another cause in tight lacing and other methods of constricting the abdomen, is singularly weak and wanting in facts, whilst the arguments of Adams to the contrary are strong and cogent and well fortified with facts. Gross† says that lateral curvature "is essentially due to irregular muscular contraction," and that "the *causes* which give rise to this irregular action on the part of the muscles are deserving of attentive consideration." He then enumerates six causes: "1st. Affections of the muscles, as hypertrophy, atrophy, inflammation, and spasmodic contraction. 2d. Debility, either general or local. 3d. Obliquity of the pelvis from injury, disease, or malformation of the inferior extremities. 4th. Altered capacity of one side of the chest, causing increased action of the muscles of the opposite side. 5th. Rachitic softening of the bones. 6th. Defective development of the vertebræ."

Of these, the second can scarcely be considered admissible, as local debility as a cause is too vague, and cases of general debility are too common and too well known as constantly occurring without causing the slightest manifestation of lateral curvature or irregular muscular action. Moreover, the instances in which lateral curvature occurs in generally debilitated persons are scarcely more numerous than the instances of its occurrence in persons in all other respects actually vigorous. The causes enumerated, as 3d, 4th, 5th, and 6th, are not satisfactory explanations for irregular muscular action, but could be well grouped under one head as mechanical causes, producing, as Adams formulates it, "long-continued irregu-

* Curvatures of the Spine, by R. Barwell. Macmillan & Co., London, 1870 and 1877.

† System of Surgery, vol. ii., p. 101, 6th ed. H. C. Lea & Son, 1882.

lar distribution of weight." His first enumerated cause fails to consider sufficiently the important question of the origin of the "affection of the muscles;" he mentions, however, in another paragraph "failure of nerve influence," but dismisses it with the four words here quoted.

Sayre agrees with Barwell in attributing lateral curvature to a muscular origin, but with him errs in ascribing it to the muscular activity of the *serratus magnus* of the convex side, attributing to that muscle an impossible power* of causing the rotation which commonly, but not quite universally, precedes the lateral distortion.

Hamilton,† in his usual terse and comprehensive style, says that "in a large proportion of cases the immediate cause is to be sought in a gradual loss of equilibrium between the antagonizing muscles which control the motions of the spinal column," but, I think, errs in the added assertion that "this condition is induced by habitual inclination of the body to one side or the other."

Agnew‡ attributes the immediate cause to muscular origin, but goes still further towards the root of the matter, carefully pointing out that "central atrophy of the spinal muscles is more common than is generally supposed. Here the seat of the trouble is in the spinal cord, and has the same pathological significance as infantile paralysis; the wasting is gradual, and often supervenes on an attack of some disease of childhood, as diphtheria, whooping-cough, or convulsions." This I believe to be a very near approach to the true pathology of a large proportion of cases of lateral curvature of the spine. These cases are, however, very seldom strictly paralytic. They do not fully manifest such a condition as is seen in the infantile, or so-called spinal paralysis of children. There is not such loss of contractile power in the affected muscles as is seen in true paralysis, but rather a condition of trophic change due to some failure in the supply of that portion of nerve current which maintains the development of the tissues and the vigor of muscular fibre, and which is evidently distinct from the so-called motor currents, which also generally fail to reach the affected muscles in cases of real paralysis. This condition is not, therefore, a true paralysis, but is analogous to a condition often seen in cases of club-foot where certain of the muscles are debilitated by failure of nerve influence, and in this condition are readily overcome by the stronger antagonizing muscles, which, as I have before pointed out,* often seem to be over-supplied with nerve stimulus, apparently receiving those portions of nerve current which fail to find their way to the affected muscles. This condition of unbalanced muscular action of the spinal and thoracic muscular systems ultimately results in producing those osseous structural changes which are so accurately depicted by Shaw and others, and which have been erroneously considered as the disease, instead of but an effect of it. The cases having this central origin manifest muscular structural changes as a primary result, and osseous structural changes as a secondary result, and should ever be considered as indicating a distinct and different pathological condition from that of cases of lateral curvature "produced by long-continued and irregular distribution of weight."†

Inasmuch, therefore, as lateral curvatures have thus two distinct origins, the simplest and most accurate classification would seem to be, first, cases having a central origin;‡ and, second, cases having a mechanical origin. Cases having a central origin are by far the most numerous; they are due to the withdrawal of

[To be continued.]

* As shown by Mr. Fisher, London Lancet, November 7, 1879.

† Hamilton's Surgery, p. 448.

‡ Agnew's Surgery, vol. ii., p. 861.

* The Medical Bulletin, October, 1885.

† Admitting that a certain class of cases of lateral curvature have "the same pathological significance as infantile paralysis," a fact of which I have no shadow of doubt, we have an interesting analogy between the great preponderance of curvatures to the right, and a condition very often met with in infantile paralysis. In this disease the (weaker) extensor muscles are notoriously by far the most frequently affected, whilst the stronger and more used antagonizing flexor muscles are nearly always either very much less affected or entirely escape, and are afterwards frequently the recipients of increased nerve currents, so as to actually manifest extraordinary development and more or less extensive spastic contractions. So also in lateral curvature, the right side of the body being the stronger side, both from hereditary causes and habits of more frequent use, the nerve currents are much more frequently sent in that direction and to that side, and it is but reasonable to suppose that the nerve-paths thus become more perfectly developed and more easy of travel. Hence, when any nerve shock, or even any transient nerve disturbance occurs, the weaker (left) side suffers most, the stronger (right) side holds its sway, and the resulting curvature will be to the right, as is so generally seen.

‡ Dr. Jules Guérin is probably entitled to the credit of having first pointed out the connection between centric nerve lesions and lateral curvature. He strongly advocated the muscular theory, and seems to have met with an extraordinary succession of cases in which the muscles on the convex side were affected with spastic contractions.—Vide "Memoire sur l'Etiologie generale des Deviations laterales de l'Epine par retraction musculaire active. Par Dr. Jules Guérin. Paris, 1840." This is not, however, in accordance with my experience, as I have never met with very marked spastic contractions on the one hand, nor many true palsies on the other.

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INDEX.

A

Abdomen, pistol wound of, 287
Abdominal surgery, 135, 172, 226
Abortive treatment of pneumonia, 157
Abrus precatorius, 50
Abscesses, acute, 155
  cold, 125, 156
Acne, 378.
Aconitum ferox, 259
Acromion process, fracture of, 302
Acute pleurisy, 346, 375
Advances in cerebral surgery, 89
Albumen, picric acid test of, 77
Alcoholic paraplegia, 299
Alimentation in disease, 54, 123
Allegheny County Medical Society and the American Medical Association, 284, 289
Allen, J. G., cases of interest, 96, 130, 162, 195, 228, 263, 325, 388
Alum, glycerite of, 294
  soap, 277
Amber soap, 279
Amenorrhœa, 19
  santonine in, 386
American Academy of Medicine, 387
  Climatological Association, 226
  Dermatological Association, 330
  Editorial Association, 216
  Gynæcological Society, 354
  Medical Association, 193
  Neurological Society, 257
  Ophthalmological Society, 293
  Public Health Association, 91
  Rhinological Association, 294
  Surgical Association, 192
Amyl nitrite in opium poisoning, 48
Anæmia, 280
  arsenic in, 218
  spinal, 315
Anæsthetic, local, 294
Anatomical pelvic pessary, 330
Angina pectoris, 45
Anglo-Swiss Milk, 132
Annals of Surgery, 192
Anodynes, pelvic, 187
Anteflexion, 333
Anthrax, dry cupping in, 117
Antidote bag, 93
Anti-emetic, 283
Antiperiodic, a new, 53
Anti-pyretics, 49
  rheumatic, 283
Antiseptic, 53
  for cracks in mammary gland, 294
  mouth wash, 116
  portable, 25
Anti-vivisection, the farce of, 158
Apomorphia, 51
Apomorphine in asthma, 126
Arnica soap, 278
Arsenic in anæmia, etc., 218
  lupus, 344
Arthritis, suppurative, 11
Ascarides, 115, 283
Ascites, early tapping in, 355
Ashhurst, John, syphilitic osteitis, 165
Association news, 319
Asthma, 124, 282, 343, 345, 376
  apomorphine in, 126
Atkinson, G. H., death of, 25
Atlee, John L., Jr., death of, 257
  John L., Sr., death of, 330
Atrophia in electric shock, 125
Atrophic carditis, arsenic in, 218
Autoplastic surgery, 372
Avena sativa in opium addiction, 308

B

Back, strain of, 365
Bacterial poisons, 177
Balsam soap, 279
Baltimore notes, 30, 64, 98, 132, 164, 197, 230
  Academy of Medicine, 230
Bartholow, R., jaundice, etc., 99
Bartram, T. S., death of, 90
Basham's mixture, 219
Beef tea, 47
Bell, T. S., death of, 25
Bemis, S. M., death of, 25
Bismuth oleate, 52
  subnitrate, 285
Blackwood, W. R. D., extra-uterine pregnancy, 149
  health resorts in New Jersey, 303, 373
Bladder, capacity of a female, 127
Blood-letting, general, 85
Book Reviews—
  A Manual of Dermatology. By A. R. Robinson, 332
  A Manual of Human Physiology. By L. Landois, 361
  A Manual of Practical Hygiene. By E. Parker and F. S. B. F. De Chaumont, 360
  A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, 360
  An Aid to Materia Medica. By R. H. Dawbarn, 30
  Aneurism of Aorta, etc. By O. Browne, 260
  An Inquiry into the Geographical Distribution and Cause of Increase of Cancer in England and Wales. By F. T. B. Jessett, 260
  Applied Medical Chemistry. By L. Wolff, 359
  Basic Pathology and Specific Treatment of Diphtheria, etc. By G. J. Ziegler, 62

Berlin as a Medical Centre. By H. R. Bigelow, 358
Chronic Nasal Catarrh. By G. M. Lefferts, 93
Clinical and Surgical Figures. By Lebon & Co., 30
Clinical Studies on Diseases of the Eye. By F. R. Von Arlt, 359
Cocaine, and its Use in Ophthalmic and General Surgery. By H. Knapp, 128
Comparative Physiology and Psychology. By S. V. Clevenger, 95
Compend of Obstetrics. By H. G. Landis, 94
Compend of Surgery. By O. Horwitz, 93
Controlling Sex in Generation, etc. By S. H. Terry, 260
Curability and Treatment of Pulmonary Phthisis. By S. Jaccoud and M. Lubbock, 332
Diseases of the Eye. By H. R. Swanzy, 28
Diseases of Urinary and Male Sexual Organs. By T. Belfield, 95
Dr. Seguin's Metric Prescription Book, 260
Elements of Pharmacy, etc. By W. Whitla, 27
Elements of Practical Medicine. By A. H. Carter, 63
Epistaxis. By D. N. Rankin, 95
Erythroxylon Coca. W. R. Warner & Co., 358
Guide to Diseases of Children. By Goodhart and Starr, 259, 297
Hand-Book of Diseases of the Skin. By H. Von Ziemssen, 360
Handbook of Pathological Anatomy, etc. By F. Delafield and T. M. Prudden, 94
Hay Fever and its Successful Treatment. C. E. Sajous, 361
Holden's Anatomy, 62
Human Osteology. By L. Holden, 128
Insomnia and Other Disorders of Sleep. By H. W. Lyman, 261
Kaaterskill Region, etc., 260
Kirke's Hand-Book of Pathology. By Baker and Harris, 259
Kirke's Hand-Book of Physiology. By W. M. Baker and V. D. Harris, 359
Lessons in Domestic Science. By F. M. Gallaher, 260
List of Tests. By Hans M. Wilder, 359
London Medical Student and Other Comicalities. By H. Erichsen, 296
Manual of Bandaging. By C. H. Leonard, 61
Manual of Diseases of the Throat and Nose, etc. By M. Mackenzie, 61
Medical Botany of North America. By L. Johnson, 95
Medical Directory of Philadelphia, Pennsylvania, Delaware, and Southern New Jersey, 261
Medical Graduate and his Needs. By G. C. Wellner, 61
Medical Profession and Alcohol. By B. W. Richardson, 95
Medical Rhymes, 62
Medicine Stamp Tax. By C. E. Meetkerke, 28
Modern Medical Therapeutics, Napheys, 62
Moisture and Dryness; or the Analysis of Atmospheric Humidities of the United States. By Chas. Denison, 360
Myths in Medicine, and Old-Time Doctors. By A. C. Garratt, 60
New Local Anæsthetic: Hydro-Chlorate of Cocaine, etc. By L. Turnbull, 261
Obligation of Civilized Society to Idiotic, and Feeble-Minded Children. By H. M. Greene, 95
Our Bodies: or, How We Live. By A. F. Blaisdell, 261
Practical Anatomy. By C. Heath, 128
Practical Medicine. By A. L. Loomis, 26
Perils of American Women, etc. By G. L. Austin, 296
Philadelphia Medical Register and Directory. By W. B. Atkinson, 63
Physicians' Daily Pocket Record, 61
Poisons; their Effects and Detection. By A. W. Blyth, 358
Principles and Practice of Medicine. By N. S. Davis, 29
Proceedings of Philadelphia County Medical Society, 29
Provision for Feeble-Minded Children. By I. N. Kerlin, 95
Pyuria. By R. Ultzmann, 30
Rabies in Hydrophobia. By T. M. Dolan, 30
Renal and Urinary Affections. By W. H. Dickinson, 358
Second Report Tennessee State Board of Health, 360
Seventh Annual Report of State Board of Health of Rhode Island, 358
Sixth Annual Report of State Board of Health of Rhode Island, 29
Students' Guide to Clinical Medicine and Case-Taking. By F. Warner, 94
The Analectic: A Monthly Periscopic Summary, etc., 261
The International Encyclopædia of Surgery. By J. Ashhurst. Vol. V., 361
The Oleates; An Investigation of their Nature and Action. By J. V. Shoemaker, 358
The Physician Himself, etc. By D. W. Cathell, 296
Therapeutics of Respiratory Passages. By Prosser James, 95
The Technology of Bacteria Investigation. By C. S. Dolley, 359
The Wasting Diseases of Infants and Children. By Eustace Smith, 358
Text-Book of Hygiene. By G. H. Rohe, 94
Text-Book of Pathological Anatomy and Pathogenesis. By E. Ziegler, 61
Tracts on Massage. By Benjamin Lee, 297, 358
Transactions of College of Physicians of Philadelphia, 1884, 260
Transactions of Louisiana State Medical Society, 1885, 359
Transactions of Medical Association of Georgia, 62
Transactions of Minnesota State Medical Society, 28
Transactions of State Medical Society of New Jersey, 28

Transactions of State Medical Society of West Virginia, 1885, 360
Treatise on Abdominal Palpation, etc. By A. Pinard, 297
Urinary and Renal Derangements and Calculous Disorders. By L. S. Beale, 359
Visions of Fancy. By N. M. Baskett, 60
What to do in Cases of Poisoning. By W. Murrell, 61
Whooping-cough. By T. M. Dolan, 27
Boracic acid oil for burns, 84
Boro-glyceride soap, 278
Bowling, W. K., death of, 293
Bradshaw, J. H., elegance in pharmacy, 16, 41
Braithwaite, Wm., death of, 124
Brassicon, 20
Breast, scirrhous carcinoma of, 258
British Medical Association, 294
Bromides, 44
Bronchitis, 21, 46, 282
acute, 314
capillary, 314
chronic, 85, 343, 376
rheumatic, 315
Brown, A. P., picric acid test for albumen, 77
Brubaker, A. P., sketch of, 161
Brucine as a local anæsthetic, 294
Bruen, Edward T., pigeon-breast deformity, 33
Bryonia alba, 346
Burns, boracic acid for, 84
Byrd, H. L., death of, 25

C

Cæsarean section, 70, 112, 125
Caffeine, 127
citrate of, 86
Cahall, W. C., faith-cure, 338
Calcium sulphide in suppurative diseases, 219
Camden County Medical Society, 78, 91
Camphor soap, 278
Cancer of genitals, 21
tongue, 106, 142
Capillary bronchitis, 314
Carbolic acid in cholera, 257
poisoning, 257
soap, 278
Carbuncles, 387
Cardiac weakness, 376
Carrell, John B., letter by, 353
Catarrhal fever, 218
phthisis, 377
Cerebral hyperæmia, 281
surgery, advances in, 89
Cerebro-spinal fever, 156
Cerium oxalate in vomiting, 355
Cervical catarrh, 25
Chamomile soap, 278
and sulphur soap, 278
Chancre, soft, 187
Chaulmoogra oil, 53
Cheese poison, 295
Chilblains, 376
Children, incontinence of urine in, 19, 47
cough mixtures, 345
Chloral hydrate, 250
diphtheria and croup, 20
in chorea, 19
oleate of, 124
pertussus, 86
Chloroform externally in labor, 86
for tapeworm, 125
Chlorosis, 115, 282, 343
Cholalogue, digestive, 19
Cholera, 47, 184, 189
Asiatic in New Jersey, 78
carbolic acid in, 257
infantum, 219, 248
morbus, 216, 248
pathology, etc., of, 175
prophylaxis, etc., of, 182
treatment of, 98
Chorea, 378
chloral in, 19
Chronic pleurisy, 376
Chrysophanic acid as a parasiticide, 48
Cimicifuga in pregnancy, etc., 187
Circumcision, 207
Clendenin, Wm., death of, 226
Coca, 51
and cocaine in sleeplessness, 84
Cocaine, 57
in hay fever, 268
oleate of, 202
removal of cysts, 257
vomiting of pregnancy, 354
Coitus, instrument for preventing, 331
Colic, flatulent, 249
hepatic, 378
Cold to arrest hiccough, 330
College gossip, 23, 59, 121, 225, 255
College of Physicians of Philadelphia, 60
Comma bacillus, 90
Communicability of phthisis, 191
Congestion of medulla oblongata, 87
Connecticut State Medical Society, 293
Connell, J. G., letter from, 289
Constipation, 85, 377
Consumption, mullein in, 117
Contusions, 155
lotion for, 47
Convallaria, majalis, 52, 156
Convulsions, infantile, 157, 245
Copper oleate, 51
Corrosive sublimate, 53
in epithelioma, 356
joint diseases, 47
Coryza, acute, 46
Cough mixtures, 19, 316, 345
Cramp, writers', 306
Croup, chloral in, 20
membranous, 343
Cupping in hernia, 387.
Cutaneous eruptions, dressing for, 293
Cystitis, benzoic acid in, 90
chronic, 331
in the female, 1

D

Daniel, F. E., medical legislation in Texas, 212, 238
Darling, William, death of, 25
Davis, John S., death of, 257
Delirium tremens, nux vomica, 317
Diabetes, jambol in, 316
Diagnosis of diseases of the nervous system, 133, 169, 236, 265
Diarrhœa, 217
chronic, 282
neurotic, 316
sulphate of iron in, 186
summer, 248
Digestive cholagogue, 19

Digitalis in hysteria, 216
Dilatation in cystitis of female, 1
of heart, 343
rapid, for sterility, 333
Diphtheria, 157, 346, 375
calomel in, 48
chloral in, 20
quinoline in, 118
turpentine in, 86
Disinfectant, 354
Disinfectants, 367
Diuretic mixture, 344
Diuretics, 21
Dysmenorrhœa, 333
Dolan, T. M., midwifery experiences, 70, 112
Dover's powder, 387
Dropsy, cardiac and renal, 49, 378
Duff, James H., death of, 60
Dugas, L. A., death of, 25
Dysentery, 218, 282
Dyspepsia, atonic, 248
flatulent, 377
nervous, 378

E

Early tapping in ascites, 355
Earth, topical use of, 199
Eau de luce, 279
Eclampsia, puerperal, 47
Eczema, 25, 124
acute papular, 46
infantile, 344
of eyelids, 116
scrotal, 46
Editors, Association of American Medical, 161
Editorials—
Action of the Committee of Arrangements for the Ninth International Congress, 220
Advances in Cerebral Surgery, 89
Alimentation in Disease, 54
American Medical Association, 56
American Medical Editors, 56
Bismuth Subnitrate, 285
Chloral Hydrate, 250
Cholera, 189
Congestion of the Medulla Oblongata, etc., 87
Dr. A. Jacobi's Shriek, 347
Dr. Kinloch and the Committee of Arrangements of the American Medical Association, 348
Explanatory—International Medical Congress, 188
Facial Erysipelas, 284
Friedrichshall Water, 379
Injurious Advertisement, 22
International Medical Congress, 87, 220, 380, 386
Intra-Capsular Fracture of Femur, 119
Lichen Ruber by Unna, 54
Meddlesome Midwifery, 223
Medical Society of Pennsylvania, 56
Mental Overwork and Disease, 120
Mercuric Bichloride, 190
Mutual Aid Association, 23
National Board of Health, 22
New York State Medical Association, 22
Ninth International Medical Congress, 55
Rest as a Therapeutic Agent, 251
Sunstroke, or Thermic Fever, 224
The Allegheny County Medical Society and the American Medical Association, 284
The Communicability of Phthisis, 191
The Farce of Anti-Vivisection, 158
The Nux Vomica Treatment in Delirium Tremens, 317
The Rest-Cure Again, 351
The Surgeon-Generalship of the United States Marine Hospital Service, 350
Transactions of the New York State Medical Association, 350
Philadelphia County Medical Society, 57
Pneumatic Differentiation, 380
What a General Practitioner can do, 317
Elder-flower soap, 279
Electric shock, 123
atropia in, 125
Electricity in singultus, 49
Elegance in pharmacy, 16, 41
Elsberg, Louis, death of, 125
Elytritis, 116
Emaciation of phthisis, 256
Emetics, 21, 286
Emphysema, 376
Empyema, pulsating, 257
Enteritis, membranous, 217
Entero-colitis, 249
Epilepsy, notes on, 43
Epistaxis, hamamelis in, 125
Epithelioma uteri, 356
Ergot for hiccough, 330
oil of, 52
soap, 279
unusual effects of, 20
Eruptions, syphilitic, 218
Erysipelas, 21
facial, 284
migrating, 85
tincture ferri chlor. for, 90
Erythema, 282
nodosum, 156, 249
Eskridge, J. T., diagnosis of diseases of the nervous system, 102, 133, 169, 236, 265
Ethics, new code, 296
Etiology of still-births, 258
Eucalyptol soap, 278
Eucalyptus, oil of, 53
Eustachian tube, inflammation of, 157
Eve, R. C., death of, 124
Exopthalmic goitre, 217
Extra-uterine pregnancy, 149
Eye, foreign body in interior of, 73

F

Facial neuralgia, 90, 219, 284
Faith-cure, 338
Falling out of hair, 187
Farr, H. G., vaginal distender, 26
Female, cystitis in, 1
Femur, intra-capsular fracture of, 119
Fevers, 18
Fibroma, uterine, 333
Fibrous tumors, diet treatment of, 46
Findley, W. M., autoplastic surgery, 372
Flatulence, 46
Flatulent colic, 249
dyspepsia, 377
Fracture of femur, intra-capsular, 119
Freezing for sciatica, 47

G

Gaillard, E. L., death of, 90
journal, 192
Galactagogue, 257
Garrett, A. Y. P., new code ethics, 296
Gastralgia, 218, 376
Gastrodynia, 118
Gastro-intestinal indigestion in infants, 217
Gaultheria in rheumatism, 20
Gelsemium for facial neuralgia, 90
poisoning, 127
Genitals, cancer of, 21
Gihon, A. L., lecture and reception, 192
Glycerine soap, 279
as a tæniacide, 249
Glycerite of alum, 294
Goitre, 99, 122, 217
Gonorrhœa, 116
in female, 86
urethral ointment for, 247
Goodell, William, clinical lecture, cystitis in female, 1
menorrhagia, etc., 231
removal of uterine fibroma, etc., 333
Gouty œdema, 355
Grant, J. A. S., prophylaxis, etc., of cholera, 182
Granulations, stimulants for, 45
Gubb, Alfred S., bacterial poisons, 177
cases in Westminster Hospital, 8, 39
Hospital Francais, 267
olfactory functions in diagnosis, 305

H

Habitual constipation, 377
Hæmaturia, 344
Hæmophilia, 375
Hæmostatic, 20
Hair, to prevent falling of, 187
Hamamelis in epistaxis, 125
Hamilton, John B., pistol-shot wound of abdomen, 287
Hanly, M. A., death of, 255
Harkin, Alex., pathology and treatment of cholera, 175
Harlan, Herbert, internal squint of one degree, requiring section, etc., 181
Hartshorne, Edward, death of, 293
Hay fever, cocaine in, 268
Headache, 20, 116
sick, 281
Health resorts in New Jersey, 303, 373
Hæmoptysis, 249
Heart, dilatation of, 343
hypertrophy, 281
intermittent, 156
irritable from masturbation, 248
Heat fever, 217
uses of earth, 199
Heffner, C. W., fracture of acromium, etc., 302
Hemicrania, vegetable diet for, 90
Hemorrhage, intestinal, 118
pulmonary, 84
Hemorrhagic malarial fever, 346
Hemorrhoids, 125, 376
Hepatic colic, 378
Hernia in an infant, 14
cupping in, 387
Herniotomy in an infant, 14
Hewson, A., more recent experiences with topical
Hiccough, 331, 355
Hints in microscopico-histological technology, 336
Holland, J. W., election of, 192
Hudson County Medical Society, New York, 60
Hummel, A. L., electric shock, 123
Hydrastis, etc., in skin diseases, 154
Hydrobromic acid in sea-sickness, 45
Hydroleine, 132
Hyperæmia, cerebral, 281
Hypertrophy of heart, 281
Hypnotic, paraldehyde as a, 117
Hysteria, 125, 377
digitalis in, 216

I

Ice to spine in reflex vomiting, 186
Ichthyol in eczema, 25
Illinois State Medical Society, 294
Impairment of motive power, etc., by cerebral injury, 99
Incipient myelitis, 281
Incontinence of urine, 19, 47, 187
Index Medicus, 161
Indian hemp as a hæmostatic, 25
Induction of premature labor, 356
Infant feeding, 20
hernia in an, 14
Infants, gastro-intestinal indigestion in, 217
Infantile convulsions, 157, 248
eczema, 344
Inflammation, 18
of Eustachian tube, 157
Injurious advertisement, 22
Interesting cases, by J. G. Allen, M.D., 96, 130, 162, 195, 228, 263, 325, 388
Intermittent heart, 156
International Medical Congress, 55, 60, 188, 220, 223, 319, 351, 357, 380
of 1884, 87
Intestinal hemorrhage, 118
obstruction, 258
torpor, 248
Intra-capsular fracture of femur, 119
Iodide of sulphur soap, 280
Iodine injections in phthisis, 114
soap, 280
Iodoform preparations, 280
Iritis, rheumatic, 343
Iron subsulphate in diarrhœa, 186
Irregular menstruation, 231
Irritable heart from masturbation, 248

J

Jambol in diabetes, 316
Jaundice, 99
catarrhal, 283
malarial, 315
Jensen's Pepsin, 64
Jessett, F. B., cancer of tongue, 106, 142

K

Kentucky State Medical Society, 293
Kidder's electro-medical apparatus, 132
Kino soap, 280
Kissing, medically, 331

L

Labor, chloroform externally in, 86
premature, 356
Landesberg, M., foreign body in eye, 73
Laryngitis, 376
syphilitic, 281
Lead colic, 376

Lead oleate, 52
poisoning, 125, 282, 299
soap, 280
Lee, Benjamin, tracts by, 161
Leucorrhœa, 344
Legislation, medical, in Texas, 212, 238
Lichen ruber, 70, 109, 145, 178, 205, 242, 270
Listerine, 64
Listerism, 59
Little, James W., death of, 161
Lupus erythematosus, arsenic in, 344
Lymphadenoma, 45

M

Macneil, D., death of, 255
Malaria, chronic, 21, 378
strychnia in, 354
Malarial fever, 281
hemorrhagic, 346
jaundice, 315
paralysis, 295
Mania-a-potu, 48
Mann, Edward C., hints in microscopic-histology, 336
relation of uterine and ovarian disease to nervous and mental disorders, 5
Mastitis, bandaging for, 90
Masturbation, irritable heart from, 248
Materia Medica at Medico-Chirurgical College, 126
Mattison, J. B., avena sativa in opium addiction, 308
McAdams, P., chronic cystitis, 331
McCahey, P., injury to a physician by breaking hypodermic syringe, 341
McKew, D. I., death of, 98
Measles, 344, 375
Mechanical appliances, 96
Meddlesome midwifery, 223
Mediæval instrument to prevent coitus, 331
Medical Chronicle, 293
College of Ohio, 294
Jurisprudence Society, 90
legislation in Texas, 212, 238
news and miscellany, 24, 60, 90, 124, 161, 226, 257, 292, 330, 353, 386
Society of Pennsylvania, 93
view of kissing, 331
Medicated soaps, 275
Medulla oblongata, congestion of, 87
Meetkerke, C. E., poisonous plants, 208
Melancholia, 377
acute, 49
Mellin's food, 132
Membranous croup, 343
enteritis, 217
Menopause at sixty, 257
Menorrhagia, 46, 231, 249
Mental disorders and uterine disease, 5
overwork and disease, 120
Mercurial pomade, 345
Mercuric bichloride, 190
oleate, 51
Mercurous oleate, 51
Mercury in typhoid, 157
Miami Medical College, 294
Michigan State Medical Society, 293
Microscopic technology, 336
Midwifery experiences, 70, 112
meddlesome, 223
Migraine, 282
Mills, C. K., epilepsy, 43
lead paralysis, etc., 299
Mississippi Valley Medical Society, 293, 354
Missouri Medical College, 294
Misturæ cretæ comp., 283
Monobromide of camphor, 52
Montgomery, E. E., abdominal surgery, 135, 172
Morrison, W. H., clinical reports by, 1
Mucous patches, dressing for, 293
Mullein for winter coughs, 25
Mullein in consumption, 117
Multiple puncture in cardiac and renal dropsy, 49
Muriate of ammonium in facial neuralgia, 219
Muriate of cocaine, 51
Mustard sponges, 283
Mutual Aid Association, 23
Myalgia, 377
Myelitis, incipient, 281

N

Nævus, 124
Nancrede, C. B., suppurative arthritis, 11
Naphthol soap, 278
Naphthol sulphur soap, 279
National Board of Health, 22
Nervous disorders and uterine disease, 5
dyspepsia, 378
system, diagnosis of diseases of, 102, 133, 169, 236, 265
Neuralgia, 48, 282, 354, 376
facial, 90, 219
Neurotic diarrhœa, 316
New Jersey, health resorts in, 303, 373
New Jersey State Medical Society, 226
New modes of treatment, 50
New York State Medical Association, 22
Nitrite of amyl, 124
Nitrite of sodium, 52
Nitro-glycerine, 52
Nitro-glycerine in hiccough, 355
Nostrums, 357
Nux vomica in delirium tremens, 317

O

Œdema, gouty, 355
Œsophageal stricture, 65
Ohio State Medical Society, 293
Oil of ergot, 52
Oil of eucalyptus, 53
Oleates, the, 51
Olfactory functions in diagnosis, 305
Ophthalmic purposes, abrus precatorius for, 50
Opium addiction, avena sativa in, 308
Opium poisoning and nitrite of amyl, 48
Orange, as a galactagogue, 257
Osmic acid in sciatica, 115
Osteitis, syphilitic, 165
Ovarian diseases and mental disorders, 5

P

Pancoast, W. H., valedictory address, after 164
Paracentesis of pericardium, 295
Paraldehyde as a hypnotic, 117
Paralysis agitans, 249
Paralysis, lead, 299
limited, 267
malarial, 295
Paraplegia, alcoholic, 299
Parasiticide, 48
Paris letter, 252
Panum, Professor, death of, 191
Patella, wiring the, 58

Patent urachus at fifth month, 371
Pediculi pubis, 249
Pelvic anodynes, 187
Pelvic peritonitis, 49
Pennsylvania and Maryland Medical Society, 354
Pennsylvania State Board of Health, 257
Pennsylvania State Medical Society, 226
Pepper, Wm., organic stricture of the œsophagus, 65
Pericarditis, 345
Pericardium, paracentesis of, 295
Periostitis, rheumatic, 344
Peritonitis, pelvic, 49
puerperal, 377
Permanent surgical dressing, 116
Pertussis, 118
Pharmacy, elegance in, 16, 41
Phenol camphor, 116
Philadelphia Clinical Society, 91
County Medical Society, 60
Obstetrical Society, 125
Phlegmasia dolens, 155
Phthisis, 376
catarrhal, 377
communicability of, 191
emaciation of, 256
iodine injections in, 114
Physician to the public, supplement, after 164
Physicians' magazine, 354
Picric acid test for albumen, 77
Pigeon-breast deformity, 33
Pistol-shot wound of abdomen, 287
Pitting in smallpox, 355
Pleurisy, acute, 115, 346, 375
chronic, 376
Pneumatic differentiation, 380
Pneumonia, 342
abortive treatment of, 157
Poisonous plants, 208
Pomade, mercurial, 345
Pontoppidan, Erik, when does syphilis become constitutional? 138
Posterior spinal sclerosis, 316
Post-typhoid elevation of temperature, 50
Potash soap, 276, 277
Pregnancy, cimicifuga in, 187
extra-uterine, 149
vomiting of, 84, 330, 354, 378
Premature labor, induction of, 356
Pruritus, 124, 282
ani, 343
vulvæ, 116
Psoriasis, 46, 67, 247, 376
Puerperal eclampsia, 47
fever and cold baths, 48
peritonitis, 377
Puff-balls in uterine hemorrhage, 25
Pulmonary hemorrhage, 84
Pulsating empyema, 257
Purpura, 280
Pyrosis, 283, 316

Q

Quack nostrums, 357
Quadruple pregnancy, 354
Quimby, I. N., letter on International Congress, 351
Quiniæ draught, 283
Quinine in pertussis, 86
in uterine inertia, 247
Quinoline in diphtheria, 118

R

Radial, aneurism of, 301
Reflex cough, 258
vomiting, 186
Relation of uterine disease to nervous disorders, 5
Renal dropsy, 378
Rest as a therapeutic, 251
cure again, 351
Rheumatic bronchitis, 315
iritis, 343
periostitis, 344
Rheumatism, 19, 378
acute, 283
acute articular, 125
chronic, 283
gaultheria in, 20
subacute, 315
Ringworm of the scalp, 25
Robbins, R. P., treatment of writers' cramp, 306
Rogers, Wm. E., death of, 256
Rotheln, 46

S

Sacrum, syphilis of, 365
Salicylic acid soap, 279
Salix nigra, 354
Santonine, how to give, 48
in amenorrhœa, 386
Savage, G. C., foreign, 57
Scarlet fever, 282, 343, 375
Sciatica, 375
freezing for, 47
osmic acid in, 115
Scirrhous carcinoma of breast, 258
Sea-sickness, 45
Sebaceous cysts, cocaine in removal of, 257
Seborrhœa, oleosa, 46
Shoemaker, D. K., yellow fever, 23
J. V., hydrastis, etc., in skin diseases, 154
psoriasis, 67
soaps, medicated, in skin diseases, 275
Shoyer, C. C., death of, 26
Silliman, B. F., death of, 91
Singultus, electricity in, 49
Skin diseases, hydrastis in, 154
soaps in, 275
Sleeplessness, coca in, 84
Smallpox, 282, 356
pitting in, 355
Smith, James Owens, death of, 90
Soda soap, 276, 277
Soaps in skin diseases, 275
Sorbefacient mixture, 345
Spermatorrhœa, 377
pills, 247
Spinal anæmia, 315
sclerosis, 316
Sponge, mustard, 283
Sprains, 114
new method for, 45
Squint, internal, 181
State medicine in Texas, 212, 238
Steinbach, L. W., double inguinal hernia in an infant, 14
Sterility, 333
Stevenson, John, cholera in New Jersey, 78
Stewart, F. E., marriage of, 192
Still-birth, a cause of, 93
etiology of, 258
Stimulants for granulations, 45
Stricture, 45

Stricture of the œsophagus, 65
Strychnia in uterine inertia, 157
malaria, 354
Subacute rheumatism, 315
Sublimate soap, 279
Sulphur soap, 280
Sulphurous acid as a disinfectant, 354
Sunstroke, 224
Suppurative arthritis, 11
diseases, calcium sulphide in, 219
Sweating, profuse, 126
Sycosis, 46, 247
Syphilides, dressing for, 293
Syphilis, 248
of sacrum, 365
when it becomes constitutional, 138
Syphilitic eruptions, 218
douleureux, 281
laryngitis, 281
osteitis, 165

T

Tæniacide, glycerine as a, 249
Tannin balsam soap, 280
soap, 280
Tapeworm, chloroform for, 125
Tapping, early, in ascites, 355
Tar soap, 279
Taylor, Mrs. James R., death of, 26
Technology, microscopic, 336
Temperature, post-typhoid elevation of, 50
Texas Journal, new, 226
letter, 254, 290, 323
medical legislation in, 212, 238
Therapeutic notes, 18, 45, 84, 114, 155, 184, 216, 247, 280, 314, 342, 375
Thermic fever, 224
Thomas, J. G., death of, 25
Thorndike, W. H., death of, 25
Thymol soap, 280
Tic douleureux, syphilitic, 281
Tongue, cancer of, 106, 142
Tonic mixture, 344
and laxative pill, 46
Tonsillitis, 344
Torpor, intestinal, 248
of the liver, 378
Traumatic aneurism of radial, 301
Turnbull, L., oleate of cocaine, 202
Turpentine in diphtheria, 86
soap, 280
Tympanum, inflammation of, 157
Tyrotoxicon, 295
Typhoid fever, 378
mercury in, 157

U

Ulcers of leg, dispensary dressing for, 47
varicose, 387
Unna, P. G., lichen ruber, 35, 70, 109, 145, 178, 205, 242, 270
Urachus open at fifth month, 371
Urethral bougies, 64
ointment, 247
Urethritis, 218
Uric acid diathesis, 30
Urine, dribbling of, 85
incontinence of, 19, 47, 187
Urticaria, 249
Uterine disease and mental disorders, 5
fibroma, 333
hemorrhage, 25, 98
inertia, 157
quinine in, 247

V

Vaginal distendor and irrigator, 26
Valerian as a sedative, 127
Varicella, 376
Varicose ulcers, 387
Veterinary hospital, 331
Virginia State Medical Society, 355
Vomiting, oxalate of cerium in, 355
of pregnancy, 84, 330, 354, 378
reflex, 186

W

Wallace, Professor Ellerslie, death of, 127
Waller, C. B., patent urachus at five months, 371
traumatic aneurism of radial, 301
Warburg's tincture, 344
Washing out stomach for obstruction, 258
Watson, John, cocaine in hay fever, 268
Welch, W. M., disinfectants, 367
Westminster Hospital, cases in, 8, 39
West Virginia State Medical Society, 257
What a general practitioner can do, 317
Whitney, M. G., alimentation in disease, 123
Whooping-cough, 86, 282, 316, 343, 376
Wilson, Joshua, death of, 164
Wimpelberg, S., circumcision, 207
Winter coughs, 25
green soap, 280
Witch hazel, 52
as a hæmostatic, 20
soap, 280
Women, uterine disorders and mental disease in, 5
Women's Medical College, 126
Wood, H. C., clinical lecture. Strain of back; syphilis of sacrum, 365
Writers' cramp, 306

Y

Yellow fever and black vomit, 23

Z

Zinc oleate, 51